

**WELL COMPLETION FORM**
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West_____ Feet from North / South Line of Section_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY Letter of Confidentiality Received

Date: _____

 Confidential Release Date: _____ Wireline Log Received Geologist Report Received UIC DistributionALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
-----------------------------------	-----------	---------	-------------	---------------	---------

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

JSW

INVOICE

Invoice # 259036

Invoice Date: 05/22/2013 Terms:

Page 1

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
() -

BABINGER #12
41729
24-21S-10E
05-21-13
KS

Part Number	Description	Qty	Unit Price	Total
3107	15% HCL	250.00	1.7500	437.50
3122	AMMONIUM BIFLORIDE (CRYS	50.00	3.7000	185.00
3134	SURFACE TENSION REDUCER	.50	36.0000	18.00
3166	ACID INHIBITOR	.50	50.0000	25.00
3171	IRON CONTROL	1.00	40.0000	40.00
3175	NON-IONIC NON EMUL	1.00	33.0000	33.00
3172	KCL SUB MB6875 CC3107 (2.00	35.1800	70.36

Description	Hours	Unit Price	Total
443 ACID PUMP CHARGE(1500 GALLON)	1.00	840.00	840.00
443 ACID EQUIPMENT MILEAGE	30.00	4.00	120.00

Parts:	808.86	Freight:	.00	Tax:	.00	AR	1768.86
Labor:	.00	Misc:	.00	Total:	1768.86		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

37

INVOICE

Invoice # 258708

Invoice Date: 05/13/2013 Terms:

Page 1

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
() -

BABINGER #12
41686
24-21S-10E
05-08-13
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	150.00	13.1800	1977.00
1118B	PREMIUM GEL / BENTONITE	775.00	.2200	170.50
Description		Hours	Unit Price	Total
485	CEMENT PUMP	1.00	1085.00	1085.00
485	EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	.00
515	MIN. BULK DELIVERY	1.00	368.00	368.00

Parts:	2147.50	Freight:	.00	Tax:	156.77	AR	3757.27
Labor:	.00	Misc:	.00	Total:	3757.27		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-8822

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2650



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 258353

Invoice Date: 04/29/2013 Terms:

Page 1

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
() -

BABINGER #12
41501
24-21S-10E
04-25-13
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	150.00	19.2000	2880.00
1110A	KOL SEAL (50# BAG)	750.00	.4600	345.00
1107A	PHENOSEAL (M) 40# BAG)	150.00	1.2900	193.50
1103	CAUSTIC SODA	100.00	1.6100	161.00
4104	CEMENT BASKET 5 1/2"	1.00	229.0000	229.00
4130	CENTRALIZER 5 1/2"	6.00	48.0000	288.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	344.0000	344.00
4454	5 1/2" LATCH DOWN PLUG	1.00	254.0000	254.00

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	1030.00	1030.00
445 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
WASH- WASH OR SWIVEL HEAD	1.00	100.00	100.00
611 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts:	4694.50	Freight:	.00	Tax:	342.70	AR	6637.20
Labor:	.00	Misc:	.00	Total:	6637.20		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-8822

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2650



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 41501

LOCATION Eureka KS

FOREMAN Shannon Ferk

API # 15-111-20472

FIELD TICKET & TREATMENT REPORT

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
4-25-13	7842	Babinger # 12	24	215	10 E	1yon																
CUSTOMER <u>Trimble & Maclasky</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>Dave G</td> <td></td> <td></td> </tr> <tr> <td>611</td> <td>Joey K</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	Dave G			611	Joey K						
TRUCK #	DRIVER	TRUCK #					DRIVER															
445	Dave G																					
611	Joey K																					
MAILING ADDRESS <u>P.O. Box 171</u>																						
CITY <u>Gridley</u>																						
STATE <u>KS</u>		ZIP CODE <u>66852</u>																				

JOB TYPE LS HOLE SIZE 7 1/8" HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2" @ # _____
 CASING DEPTH 2650.91 GL DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6 # SLURRY VOL 52 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 0
 DISPLACEMENT 67 Bbl DISPLACEMENT PSI 700 MIX PSI Bump Plug @ 1200 RATE 5BPM

REMARKS: Safety meeting, Rig up to 5 1/2" casing, Break circulation w/ 5 Bbl H2O, mixed 100 # caustic soda pre flush w/ 12-14 Bbl, 10 Bbl H2O spacer. mixed 150 SKS Thickset Cement w/ 5 # Kol-seal/sk, & 1 # phenoseal/sk @ 13.6 #/gal. Shut down wash out pump & lines. Displace w/ 67 Bbl H2O. Final pumping pressure of 700 psi, bumped plug @ 1200 psi. Plug & float held. Good circulation @ all times, Job complete.

"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	30	MILEAGE	4.00	120.00
1126 A	150 SKS	Thickset Cement	19.20	2880.00
1110 A	750 #	Kol-seal @ 5 #/sk	.46	345.00
1107 A	150 #	phenoseal @ 1 #/sk	1.29	193.50
1103	100 #	Caustic Soda pre flush (12-14 Bbl)	1.61	161.00
5407	8.25 Tons	Ton mileage bulk Truck	m/c	350.00
4104	1	5 1/2" cement Basket	229.00	229.00
4130	6	5 1/2" Centralizers	48.00	288.00
4159	1	5 1/2" AFV Float Shoe	344.00	344.00
4454	1	5 1/2" Latch down fly	254.00	254.00
5611	1	Rental on 5 1/2" rotating head	100.00	100.00
			Sub Total	6294.50
			SALES TAX 7.3%	342.10
			ESTIMATED TOTAL	6636.60

AUTHORIZATION [Signature] TITLE Tool Pusher DATE 4-25-13

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 258237

Invoice Date: 04/24/2013 Terms:

Page 1

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
() -

BABINGER #12
41381
24-21S-10E
04-22-13
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	90.00	14.9500	1345.50
1102	CALCIUM CHLORIDE (50#)	250.00	.7400	185.00
1118B	PREMIUM GEL / BENTONITE	170.00	.2100	35.70
	Description	Hours	Unit Price	Total
445	CEMENT PUMP (SURFACE)	1.00	825.00	825.00
445	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
515	MIN. BULK DELIVERY	1.00	350.00	350.00

Parts:	1566.20	Freight:	.00	Tax:	114.34	AR	2975.54
Labor:	.00	Misc:	.00	Total:	2975.54		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

K. MCL
Ed Strickler

TICKET NUMBER 41381
LOCATION EUREKA
FOREMAN Kevin McCoy
Ed Strickler

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API #15-111-20472

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-22-13	7842	Babinger # 12	24	215	10E	Lyon Ks
CUSTOMER <i>Trimble & MacLuskey</i>			Gulick DR19.			
MAILING ADDRESS <i>P.O. Box 171</i>						
CITY <i>Gridley</i>	STATE <i>Ks</i>	ZIP CODE <i>66852</i>	TRUCK #	DRIVER	TRUCK #	DRIVER
			<i>445</i>	<i>DAVE G.</i>		
			<i>515</i>	<i>KEVIN M.</i>		

JOB TYPE SURFACE HOLE SIZE 12 1/4 HOLE DEPTH 120' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 107' G.L. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15* SLURRY VOL. 21 BBL WATER gal/sk _____ CEMENT LEFT in CASING 15'
 DISPLACEMENT 6.5 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8 Casing. Break Circulation w/ 5 BBL Fresh water.
Mixed 90 SKS CLASS A Cement w/ 3% CACL2, 2% Gel @ 15* gal. Displace w/ 6.5 BBL Fresh
water. Shut casing in. Good Cement Returns to Surface. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	825.00	825.00
5406	30	MILEAGE	4.00	120.00
1104 S	90 SKS	CLASS A Cement	14.95	1345.50
1102	250 *	CACL2 3%	.74	185.00
1118 B	170 *	Gel 2%	.21	35.70
5407	4.23 Tons	Ton Mileage Bulk Delv.	M/c	350.00
			Sub Total	2861.20
			SALES TAX 7.3%	114.34
			ESTIMATED TOTAL	2975.54

ENTERED

268231

AUTHORIZATION *Mi Jack* TITLE Tool Pusher DATE 4-22-13

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

Summary of Changes

Lease Name and Number: Babinger 12

API/Permit #: 15-111-20472-00-00

Doc ID: 1157186

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	08/29/2013	09/04/2013
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1155742	../../../../kcc/detail/operatorEditDetail.cfm?docID=1157186

Summary of Attachments

Lease Name and Number: Babinger 12

API: 15-111-20472-00-00

Doc ID: 1157186

Correction Number: 1

Attachment Name