



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 Distribution
- ALT I II III Approved by: _____ Date: _____



1158549

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
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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
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

Mosher #BI-6
 API # 15-121-29481-00-00
 SPUD DATE 07-26-13

Footage	Formation	Thickness	Set 20' of 7" w/ 3sx
2	Topsoil	2	TD 755'
10	clay	8	Ran 750' of 2 7/8 on 07-29-13
11	sand stone	1	
33	lime	22	
39	shale	6	
74	lime	35	
101	shale	27	
121	lime	20	
201	shale	80	
222	lime	21	
251	shale	29	
259	lime	8	
312	shale	53	
321	lime	9	
333	shale	12	
340	lime	7	
346	shale	6	
376	lime	30	
380	shale	4	
388	lime	8	
555	shale	167	
562	lime	7	
614	shale	52	recovered 12' of 18'
618	lime	4	
665	shale	47	cored 670 - 688
666	lime	1	
668	black shale	2	Perf 676 - 683 per Doug
670	white mulky shale	2	
676	mulky shale/sand	6	good odor, good bleed, 85% shale
683	oil sand	7	95% sand, 5% shale
755	shale	72	Check e-log per Doug



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 # 261062

Invoice Date: 07/30/2013 Terms: 0/0/30,n/30

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BLUE DIAMOND HOLDINGS, LLC
P.O. BOX 128
WELLSVILLE KS 66092
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MOSHER BI-6
42282
1-16-21
07-29-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	110.00	11.5000	1265.00
1118B	PREMIUM GEL / BENTONITE	285.00	.2200	62.70
1111	SODIUM CHLORIDE (GRANULA	213.00	.3900	83.07
1110A	KOL SEAL (50# BAG)	550.00	.4600	253.00
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
495 CEMENT PUMP	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.20	84.00
495 CASING FOOTAGE	750.00	.00	.00
558 MIN. BULK DELIVERY	1.00	368.00	368.00

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Parts: 1693.27 Freight: .00 Tax: 129.53 AR 3494.80
Labor: .00 Misc: .00 Total: 3494.80
Sublt: .00 Supplies: .00 Change: .00
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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

261062

TICKET NUMBER 42282

LOCATION Ottawa KS

FOREMAN Fred Madar

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-25-13	1133	Mosher # BI-6	NW 1	16	21	FR
CUSTOMER <u>Blue Diamond Holdings Inc</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 128</u>			712 <u>Fred Mad</u>			
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>66092</u>	495 <u>Har Bec</u>			
JOB TYPE <u>Long string</u>			370 <u>Kel Car</u>			
HOLE SIZE <u>5 7/8</u>			558 <u>Gar Mod</u>			
HOLE DEPTH <u>255'</u>			CASING SIZE & WEIGHT <u>2 7/8" KUE</u>			
CASING DEPTH <u>750'</u>			DRILL PIPE <u>Baffle in</u> TUBING @ <u>720</u> OTHER _____			
SLURRY WEIGHT _____			SLURRY VOL _____			
WATER gal/sk _____			CEMENT LEFT in CASING <u>30' + Plug</u>			
DISPLACEMENT <u>4.19 BBL</u>			DISPLACEMENT PSI _____ MIX PSI _____ RATE <u>5 BPM</u>			
REMARKS: <u>Hold crew meeting. Establish circulation. Mix + Pump 100# Gel</u> <u>Flush. Mix + Pump 110 sks 50/50 Poz Mix Cement 2 7/8" Gel 5% Salt 5"</u> <u>Kol Seal/sk. Cement to surface. Flush pump + lines clean.</u> <u>Displace 2 1/2" Rubber plug to Baffle. Pressure to 800# PSI.</u> <u>Release pressure to set float valve. Shut in casing</u>						

Not Drilling

Fred Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1055.00
5406	20 mi	MILEAGE	495	8400
5402	750	Casing Footage		N/C
5407	minimum	Ton Miles	555	368.00
5502C	1 1/2 hr	80 Bbls Vac Truck	370	135.00
1124	110 sks	50/50 Poz Mix Cement		1265.00
1118B	285 #	Premium Gel		627.00
1111	213 #	Granulated Salt		83.07
1110A	550 #	Kol Seal		253.00
4402	1	2 1/2" Rubber Plug		29.50
			7.65%	SALES TAX
				ESTIMATED TOTAL
				129.53
				3494.80

Completed

AUTHORIZATION No Co Rep on Site TITLE _____ DATE _____

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.