



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: _____



1159336

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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 Bbbs.	Gas Mcf	Water Bbbs.	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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

Mosher #B-50
 API # 15-121-29467-00-00
 SPUD DATE 07-09-13

Footage	Formation	Thickness	Set 20' of 7" w/ 3sx
2	Topsoil	2	TD 766'
12	clay	10	Ran 761' of 2 7/8 on 07-10-13
34	lime	22	
40	shale	6	
51	lime	11	
58	shale	7	
75	lime	17	
90	shale	15	
93	lime	3	
101	shale	8	
123	lime	22	
205	shale	82	
228	lime	23	
254	shale	26	
261	lime	7	
299	shale	38	
301	lime	2	
315	shale	14	
342	lime	27	
350	shale	8	
374	lime	24	
375	shale	1	
392	lime	17	
541	shale	149	
544	lime	3	
558	shale	14	
565	lime	7	
593	shale	28	Check E log on this well
600	lime	7	
616	shale	16	set seat nipple at 668'
619	lime	3	
674	shale	55	
675	oil sand/shale	1	good odor, good bleed 45%sand, 55% shale
677	oil sand	2	cored 675 – 695, solid sand
688	shale	11	no oil
689	sand/shale	1	65% sand, 35% shale, little bleed
766	shale	77	



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 # 260447

Invoice Date: 07/12/2013 Terms: 0/0/30,n/30

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BLUE DIAMOND HOLDINGS, LLC
P.O. BOX 128
WELLSVILLE KS 66092
() -

MOSHER B-50
42138
1-16-21
07-10-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	115.00	11.5000	1322.50
1118B	PREMIUM GEL / BENTONITE	293.00	.2200	64.46
1111	SODIUM CHLORIDE (GRANULA	242.00	.3900	94.38
1110A	KOL SEAL (50# BAG)	575.00	.4600	264.50
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
Description		Hours	Unit Price	Total
369	80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
548	MIN. BULK DELIVERY	1.00	368.00	368.00
666	CEMENT PUMP	1.00	1085.00	1085.00
666	EQUIPMENT MILEAGE (ONE WAY)	20.00	4.20	84.00
666	CASING FOOTAGE	761.00	.00	.00

Parts: 1775.34 Freight: .00 Tax: 131.37 AR 3623.71
Labor: .00 Misc: .00 Total: 3623.71
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

260447

TICKET NUMBER 42138

LOCATION Olhawa, KS

FOREMAN Cosey Kennedy

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
7/10/13	1133	Mosher # B-50	NW 1	16	21	Mi

CUSTOMER
Blue Diamond Holdings

MAILING ADDRESS
PO Box 128

CITY Wellsville STATE KS ZIP CODE 66092

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Coker		
666	Gar Moo		
548	Mik Moo		
369	Dertus		

JOB TYPE Logging HOLE SIZE 5 7/8" HOLE DEPTH 766' CASING SIZE & WEIGHT 2 7/8" EUE

CASING DEPTH 766' DRILL PIPE 731' TUBING baffle - 731' OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30'

DISPLACEMENT 4.23 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 115 sks 5% Pozmix cement w/ 2% gel, 5% salt, + 5 # Kalsol per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 4.23 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	20 mi	MILEAGE		84.00
5402	766'	casing footage		
5407	minimum	ton mileage		368.00
5502C	2 hrs	80 Vac		180.00
1124	115 sks	5% Pozmix cement		1322.50
1118B	293 #	Premium Gel		64.46
1111	242 #	Salt		94.38
1110A	575 #	Kalsol		264.50
4402	1	2 1/2" rubber plug		29.50
				completed
			7.4%	SALES TAX
				ESTIMATED TOTAL
				131.37
				3623.71

Revin 3737

AUTHORIZATION No Co. Rep on location 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 I