



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
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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: _____



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

Mosher #B-52
 API # 15-121-29484-00-00
 SPUD DATE 07-12-13

Footage	Formation	Thickness	Set 20' of 7" w/ 3sx
2	Topsoil	2	TD 768'
10	clay	8	Ran 764' of 2 7/8 on 07-15-13
33	lime	23	
39	shale	6	
50	lime	11	
56	shale	6	
76	lime	20	
101	shale	25	
121	lime	20	
202	shale	81	
224	lime	22	
254	shale	30	
259	lime	5	
312	shale	53	
338	lime	26	
348	shale	10	
376	lime	28	
380	shale	4	
386	lime	6	
554	shale	168	
561	lime	7	
591	shale	30	
594	lime	3	
613	shale	19	
618	lime	5	
638	shale	20	
640	lime	2	
663	shale	23	
664	lime	1	core 670 - 688
666	black shale	2	set seat nipple at 673'
670	white mulky shale	4	
672	white mulky shale/sand	2	85% shale, 15% sand
673	oil sand	1	85% sand, 15% shale
677	shale	4	90% sand, 10% shale, good oil show
684	oil sand	7	perf 677 - 684 Per Doug
768	shale	84	

679 - 681 appears to be washed by Inj.



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 # 260564

Invoice Date: 07/16/2013 Terms: 0/0/30,n/30

Page 1

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

Mosher
~~WILLIAMS~~ B-52
42171
1-16-21
07-15-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	96.00	11.5000	1104.00
1118B	PREMIUM GEL / BENTONITE	262.00	.2200	57.64
1111	SODIUM CHLORIDE (GRANULA	186.00	.3900	72.54
1110A	KOL SEAL (50# BAG)	480.00	.4600	220.80
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Description	Hours	Unit Price	Total
369 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)	.00	4.20	.00
495 CASING FOOTAGE	764.00	.00	.00
510 MIN. BULK DELIVERY	.50	368.00	184.00

Parts: 1484.48 Freight: .00 Tax: 109.86 AR 2998.34
Labor: .00 Misc: .00 Total: 2998.34
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



260564

TICKET NUMBER 42171
 LOCATION Ottawa KS
 FOREMAN Fred Maden

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
7.15.13	1133	Williams # B-52	NW 1	16	21	MI
CUSTOMER			TRUCK #			
Blue Diamond Holdings LLC			712			
MAILING ADDRESS			DRIVER			
P.O. Box 128			Fred Mad			
CITY			TRUCK #			
Wellsville			495			
STATE		DRIVER				
KS		Ken Car				
ZIP CODE			TRUCK #			
66092			369			
			DRIVER			
			Dan Deb			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 768 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 764 DRILL PIPE Baffle in TUBING @ 733 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31' + Plug
 DISPLACEMENT 4.27 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew meeting. Establish circulation. Mix Pump 100# Gel
Flush. Mix Pump sks 50/50 Perm Mix Cement 2% Gel 5%
Salt 5# Kol Seal/sk. Cement to surface. Flush pump & lines
clean. Displace 2 1/2" Rubber plug to baffle. Pressure to 800# PSI.
Release pressure to set float valve. Shut in casing.

Had Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	—	MILEAGE		N/C
5402	764	Casing footage		N/C
5407	1/2 minimum	Ton Miles	510	184 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck	369	135 ⁰⁰
1124	96 sks	50/50 Perm Mix Cement		1104 ⁰⁰
1115B	262#	Premium Gel		57 ⁶⁴
1111	186#	Granulated Salt		72 ⁵⁴
1110A	480#	Kol Seal		220 ⁰⁰
4402	1	2 1/2" Rubber Plug		29 ⁰⁰
			7.4%	
			SALES TAX	109 ⁸⁶
			ESTIMATED TOTAL	2998 ³⁴

completed

Ravin 3737

AUTHORIZATION Bryan Miller

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.