



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: _____



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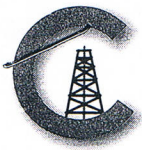
DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/>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

6 B

Mini Farms #6-B
API # 15-103-21395-00-00
SPUD DATE 9-11-13

Footage	Formation	Thickness	Set 141' of 7' TD 853' Ran 850' of 2 7/8 on 09-12-13
2	Topsoil	2	
7	clay	5	
13	lime	6	
35	clay	22	
68	river gravel/sand	33	
78	mucky shale	10	
84	river gravel	6	
99	sandy shale	15	
138	shale	39	
168	lime	30	
179	shale	11	
198	lime	19	
208	shale	10	
287	lime	79	
316	shale	29	
322	lime	6	
337	shale	15	
350	lime	13	
366	shale	16	
416	lime	50	
422	shale	6	
469	lime	47	
582	shale	113	
587	lime	5	
628	shale	41	
634	lime	6	
732	shale	98	
734	brown sand	2	
736	sand/shale	2	
744	brown sand	8	slight gas odor
758	shale	14	
762	oil sand	4	40% sand, 60% shale, little show
764	shale	2	
780	oil sand	16	35% sand, 65% shale
790	shale	10	
793	sand/grey	3	no odor
853	shale	60	



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

6B SURFACE

INVOICE

Invoice # 262278

Invoice Date: 09/16/2013 Terms: 0/0/30,n/30

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MISCELLANEOUS ACCOUNTS
MINI FARM LEASE FUND
1513 MAVERICK
BALDWIN CITY KS 66006
() -

MINI-FARM 6-B
42491
NW 23-12-20
09-11-2013
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	93.00	15.7000	1460.10
1102	CALCIUM CHLORIDE (50#)	175.00	.7800	136.50
1107	FLO-SEAL (25#)	23.00	2.4700	56.81
1118B	PREMIUM GEL / BENTONITE	175.00	.2200	38.50

Description	Hours	Unit Price	Total
368 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
368 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
368 CASING FOOTAGE	141.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
558 MIN. BULK DELIVERY	1.00	368.00	368.00

Parts: 1691.91 Freight: .00 Tax: 120.97 AR 3509.88
 Labor: .00 Misc: .00 Total: 3509.88
 Sublt: .00 Supplies: .00 Change: .00

*Int. ck# 1051
9/11/13 Thank You!*

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

262278

TICKET NUMBER 42491

LOCATION Ottawa

FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-11-13		Mini Farms 6-B	NW 23	12	20	LV
CUSTOMER Mini Farms lease Fund			TRUCK #			
MAILING ADDRESS 1513 Mavericks			DRIVER			
CITY Baldwin City		STATE KS	ZIP CODE 66606	TRUCK #		
				DRIVER		

JOB TYPE Surface HOLE SIZE 4 1/2 HOLE DEPTH 143 CASING SIZE & WEIGHT 7"
 CASING DEPTH 141 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 5 7/8 DISPLACEMENT PSI 100 MIX PSI _____ RATE 46ppm

REMARKS: Held meeting. Hooked to casing. Established rate. Mixed and pumped 160l dye marker followed by 93 sk Portland "A" cement plus 2% gel, 2% calcium flo seal per sack. Circulated dye. Displaced casing with 5 7/8 gal clean water. Circulated cement to surface. Closed valve.

HAT, Mike

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	368	870.00 ✓
5406	45	MILEAGE	368	1890.00 ✓
5402	141	casing footage	368	- ✓
5407	min	ten miles	558	368.00 ✓
5502C	3	80 vac	370	270.00 ✓
11045	93	Portland "A"		1460.10 ✓
1102	175#	calcium		136.50 ✓
1107	23#	flo seal		36.81 ✓
1118B	175#	gel		38.50 ✓
PAID #1051 check Thanks!				
completed				

SALES TAX 120.97
 ESTIMATED TOTAL 3509.88

AUTHORIZATION [Signature] TITLE _____ DATE _____

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