



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: _____



1161587

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 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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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 # 262063

Invoice Date: 09/13/2013 Terms:

Page 1

PATTERSON, WADE
484 OSAGE TRAIL
MOLINE KS 67353
(620) 647-3200

COUNTRYMAN #5
43436
09-09-13
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	90.00	13.1800	1186.20
1118B	PREMIUM GEL / BENTONITE	310.00	.2200	68.20

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	1085.00	1085.00
445 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
479 MIN. BULK DELIVERY	1.00	368.00	368.00

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Parts: 1254.40 Freight: .00 Tax: 89.69 AR 2923.09
Labor: .00 Misc: .00 Total: 2923.09
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

ENTERED

TICKET NUMBER 43436
LOCATION Eureka KS
FOREMAN Shannon Feck

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
9-9-13	6288	countryman #5				EX
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
Wade Pattenon			605 Jones			
MAILING ADDRESS			445 Dave G			
484 Osage Trail			479 Joey K			
CITY	STATE	ZIP CODE				
Moline	KS	67353				

JOB TYPE 1" Top Out Side HOLE SIZE 7 7/8" HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2" in 7 7/8" Hole
 CASING DEPTH 1577' 6.6 DRILL PIPE _____ TUBING 1" @ 765' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Rig up to 1" Tubing @ 765'. Cement all the way to surface w/ 90 SKS 60/40 portmix cement w/ 4% gel.

"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	30	MILEAGE	4.20	126.00 ✓
1131	90 SKS	60/40 portmix cement	13.18	1186.20 ✓
1118B	310 #	661 @ 4%	.22	68.20 ✓
5407	3.87 Tons	Ton mileage bulk Truck	M/C	368.00 ✓
			Sub Total	2833.40
			SALES TAX 7.15%	89.69 ✓
			ESTIMATED TOTAL	2923.09 ✓

Ravin 3737

AUTHORIZATION Wade Pattenon TITLE owner 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.



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 # 261906

Invoice Date: 08/31/2013 Terms:

Page 1

PATTESON, WADE
484 OSAGE TRAIL
MOLINE KS 67353
(620) 647-3200

COUNTRYMAN #5
43421
08-29-13
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	125.00	13.1800	1647.50
1118B	PREMIUM GEL / BENTONITE	430.00	.2200	94.60
1102	CALCIUM CHLORIDE (50#)	108.00	.7800	84.24
1107A	PHENOSEAL (M) 40# BAG)	250.00	1.3500	337.50
1118B	PREMIUM GEL / BENTONITE	900.00	.2200	198.00
1107A	PHENOSEAL (M) 40# BAG)	40.00	1.3500	54.00
4255	TYPE B BASKET SHOE 5 1/2	1.00	1386.0000	1386.00
4306	THREAD LOCK KIT	1.00	20.0000	20.00
4406	5 1/2" RUBBER PLUG	1.00	73.5000	73.50

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	1085.00	1085.00
445 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
611 MIN. BULK DELIVERY	1.00	368.00	368.00

Parts: 3895.34 Freight: .00 Tax: 278.52 AR 5752.86
 Labor: .00 Misc: .00 Total: 5752.86
 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



ENTERED

TICKET NUMBER 43421

LOCATION Eureka KS

FOREMAN Shannon Feck

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
8-29-13	6288	Country Man #5				CK
CUSTOMER Wade Patterson			Gus Jones			
MAILING ADDRESS 484 Osage Trail			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Moline STATE KS ZIP CODE 67353			445	Allan B		
			611	Joey K		

JOB TYPE L/S HOLE SIZE 7 7/8" HOLE DEPTH 1586' CASING SIZE & WEIGHT 5 1/2" @ 15.50 #
 CASING DEPTH 1577 6.6. DRILL PIPE TUBING OTHER
 SLURRY WEIGHT 12.8-13.2 SLURRY VOL 32 Bbl WATER gal/sk 7.0 CEMENT LEFT in CASING 0
 DISPLACEMENT 38 1/4 Bbl DISPLACEMENT PSI 600 MIX PSI Bump Plug @ 1100 RATE 5 BPM

REMARKS: Rig up to 5 1/2" casing, load hole + wash down 2 Joints, Had trouble w/ sand, mixed 4 sks gel + tried to bring to surface, never seen gel + lost circulation, Round trip casing + put on 5 1/2" Type "B" Basket Shoe. Load casing, drop ball set basket shoe @ 900 psi @ 1580', mixed 500 # gel Flush w/ Phenoseal, 10 Bbl H2O spacer, mixed 125 sks 60/40 Pozmix Cement w/ 4% gel, 1% calcium, + 2 # Phenoseal/sk, shut down wash out pump + lines displace w/ 38 1/4 Bbl H2O, Final pumping psi of 600 psi, bumped plug @ 1100 psi. Plug + float held. Lost circulation when we finished up mixing, Took 8 Bbl of displacing B4 we got it Back. Job complete

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	30	MILEAGE	4.20	126.00 ✓
1131	125 SKS	60/40 Pozmix cement	13.18	1647.50 ✓
1118 B	430 #	gel @ 4%	.22	94.60 ✓
1102	108 #	calcium @ 1%	.78	84.24 ✓
1107A	250 #	Phenoseal @ 2#/sk	1.35	337.50 ✓
5407	5.37 Tons	Ton mileage bulk Truck	M/L	368.00 ✓
1118 B	900 #	gel flush	.22	198.00 ✓
1107A	40 #	Phenoseal w/ gel flush	1.35	54.00 ✓
4255	1	Type B Basket Shoe 5 1/2"	1386.00	1386.00 ✓
4306	1	Thread Lock Kit	20.00	20.00 ✓
4406	1	5 1/2" Rubber Plug	73.50	73.50 ✓
"Thanks Shannon + crew"				
			Sub Total	5474.39
			SALES TAX 7.15%	278.58 ✓
			ESTIMATED TOTAL	5752.96 ✓

Revin 3737 AUTHORIZATION Wade Patterson TITLE Owner DATE 8-29-13

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.