



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: _____



1162188

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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Global Cementing LLC dba SOS LLC

18048 I-70 Road
Russell, KS 67665

Invoice

Date	Invoice #
6/14/2013	1044

Bill To
Continental Operating PO BOX 52 HAYS,KS 67601

P.O. No.	Terms	Project
ROSTOCIL #1	Net 30	

Quantity	Description	Rate	Amount
540	COMMON	15.50	8,370.00T
360	POZ	8.50	3,060.00T
32	GEL	20.50	656.00T
932	HANDLING	2.10	1,957.20
414	BULK MILEAGE ON FIRST 414 SX	2.88019	1,192.40
517	BULK MILEAGE ON 2ND LOAD @ 517SX	2.88008	1,489.00
1	TRI-PLEX PUMP CHARGE FOR PLUG	1,200.00	1,200.00
72	PUMP TRUCK MILEAGE	6.50	468.00
72	LMV	2.00	144.00
	DISCOUNT	-2,894.70	-2,894.70
	Sales Tax	6.30%	761.42

Please remit to above address.

Phone #	Fax #	E-mail
785-324-2658	785-445-3526	globalcementingllc@gmail.com

Total \$16,403.32

Global Cementing LLC dba SOS LLC

18048 I-70 Road
Russell, KS 67665

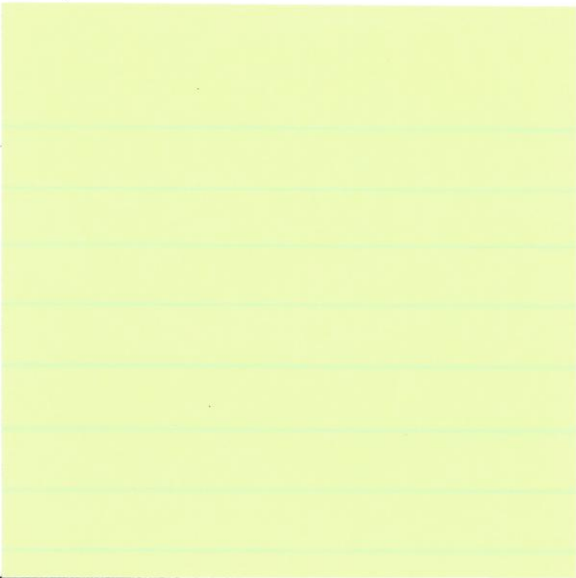
Invoice

Date	Invoice #
6/21/2013	1050

Bill To
Continental Operating PO BOX 52 HAYS,KS 67601

P.O. No.	Terms	Project
ROSTOCIL #1	Net 30	

Quantity	Description	Rate	Amount
87	COMMON	15.50	1,348.50T
58	POZ	8.50	493.00T
5	GEL	23.50	117.50T
150	HANDLING	2.10	315.00
	BULK MILEAGE .08/SX/MILES	432.00	432.00
1	TRI-PLEX PUMP CHARGE FOR PLUG	1,200.00	1,200.00
72	PUMP TRUCK MILEAGE	6.50	468.00
72	PICKUP	2.50	180.00
6	HULLS	45.00	270.00T
	DISCOUNT IF PAID WITHIN 30 DAYS OF INVOICE.	-744.70	-744.70
	ROOKS CO	6.30%	140.43



Please remit to above address.

Phone #	Fax #	E-mail
785-324-2658	785-445-3526	globalcementingllc@gmail.com

Total \$4,219.73

SCHIPPER'S OIL FIELD SERVICES, L.L.C.

1050

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell, KS - 11/20/15

DATE <u>6-21-13</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>1:44</u>	JOB FINISH <u>1:30 PM</u>
LEASE <u>Abate</u>	WELL #.	LOCATION			COUNTY <u>Butts</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD OR NEW (CIRCLE ONE)							

CONTRACTOR CO TOOLS

TYPE OF JOB PTA

HOLE SIZE _____ T.D. _____

CASING SIZE 8 7/8 DEPTH _____

TUBING SIZE 2 7/8 DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS _____

DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER Heard

P1 HELPER Coody

BULK TRUCK _____

P1 DRIVER Jay

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

Run 2 7/8 tubing down to 500' and
logged cement - shifted up and on
120' - cement circulated to surface
Come out of hole and was ended with
1050 - 11/20 was starting full

Thank you

CHARGE TO: Continental operating

STREET _____

CITY _____ STATE _____ ZIP _____

Schippers Oil Field Services, L.L.C.,
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____

SIGNATURE _____

OWNER _____

CEMENT AMOUNT ORDERED 145 @ 60 1/2 @ 40 @ gel

COMMON @ _____

POZMIX @ _____

GEL @ _____

CHLORIDE @ _____

ASC @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING @ _____

MILEAGE @ _____

TOTAL _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

300# bulbs @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS