



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: _____

1162371



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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Johnson County, KS
Well: Thomas B 10
Lease Owner: ST Petroleum

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
9/30/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
10	Soil-Clay	10
11	Sandstone	21
3	Shale	24
10	Sand	34
59	Shale	93
3	Lime	96
3	Shale	99
15	Lime	114
8	Shale	122
8	Lime	130
7	Shale	137
20	Lime	157
8	Shale	165
11	Sand	176
29	Lime	205
40	Sandy Shale	245
25	Lime	270
14	Shale	284
9	Lime	293
19	Shale	312
7	Lime	319
4	Shale	323
7	Lime	330
45	Shale	375
7	Lime	382
3	Shale	385
15	Lime	400
7	Shale	407
23	Lime	430
4	Shale	434
3	Lime	437
5	Shale	442
6	Lime	448
5	Shale	453
4	Sand and Lime	457
25	Shale	482
13	Sandy Shale	495
60	Shale	555
6	Sand	561
4	Sandy Shale	565

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Commenced Spudding:
9/30/2013

50	Shale	615
6	Lime	621
4	Shale	625
2	Lime	627
9	Shale	636
7	Lime	643
4	Sand	647
11	Shale	658
4	Lime	662
2	Coal	664
5	Shale	669
10	Lime	679
27	Shale	706
2	Lime	708
8	Shale	716
5	Sand	721
4	Sandy Shale	725
56	Shale	781
7	Broken Sand	788
5	Sandy Shale	793
14	Shale	807
3	Lime	810
10	Shale	820
6	Sand	826
3	Sandy Shale	829
10	Shale	839
1	Sand	840
1	Sand	841
2	Sand	843
1	Broken Sand	844
14	Shale	858
5	Sand	863
21	Shale	884
2	Sand	886
12	Shale	898
1	Broken Sand	899
1	Broken Sand	900
1	Sandy Lime	901
2	Sandy Lime	903
4	Sand	907
13	Broken Sand	920
5	Sand and Shale	925
55	Shale	980-TD



CONSOLIDATED
Oil Well Services, LLC

262864

TICKET NUMBER 42362

LOCATION Attawa KS

FOREMAN Casey Kennedy

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/1/13	7532	Thomas B #10	NE 31	14	22	JO
CUSTOMER ST Petroleum						
MAILING ADDRESS 18800 Sunflower Rd						
CITY Edgerton		STATE KS	ZIP CODE 666021			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			481	Casey	✓	Safety Meeting
			666	KeiCar	✓	
			503	Dan Det	✓	
			370	Gar Moo	✓	

JOB TYPE logstring HOLE SIZE 5 7/8" HOLE DEPTH 980' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 959' DRILL PIPE _____ TUBING baffle - 946' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 13'
 DISPLACEMENT 5.48 bbl/s DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 130 sks 50/50 Pozmix cement w/ 2% gel, + 1/4 # Floreal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.48 bbls, pressured to 800 PSI, released pressure, shut in casing.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	36 mi	MILEAGE		126.00
5402	959'	casing footage		
5407	minimum	ton mileage		368.00
5502C	2 hrs	80 Vac		180.00
1124	130 SKS	50/50 Pozmix cement		1495.00
1118B	418 #	Premium Gel		91.96
1107	33 #	Floreal		81.51
4402	1	2 1/2" rubber plug		29.50
			7.575%	SALES TAX
				ESTIMATED
				TOTAL
				3582.20

Ravin 3737

AUTHORIZATION

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