



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: _____



1164081

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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CONSOLIDATED
Oil Well Services, LLC

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

API# 15-035-24499
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 41450

LOCATION Eureka KS

FOREMAN Shannon Feck

D. J. Feck
Co. Mgr

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
4-15-13	5399	Brothers # 1-35	35	315	5E	Cowley	
CUSTOMER M ^o Gowan Oil Company			C+6 Drlg	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 302 N. Summit				445	Dave G		
CITY Arkansas City				479	colby n		
STATE KS							
ZIP CODE 67005							

JOB TYPE SIP HOLE SIZE 12 1/4" HOLE DEPTH 239' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 219.62 GL DRILL PIPE --- TUBING --- OTHER ---
 SLURRY WEIGHT 14.5-15# SLURRY VOL --- WATER gal/sk --- CEMENT LEFT in CASING 20'
 DISPLACEMENT 13.4 Bbl DISPLACEMENT PSI --- MIX PSI --- RATE 5 BPM

REMARKS: Safety Meeting, rig up to 8 5/8" casing. Break circulation w/ 5 Bbl H2O, mixed 140 SKS class "A" cement w/ 3% calcium, 2% gel, & 1/4# Flo-tele/sk @ 14.5-15 #/gal. Displace w/ 13.4 Bbl H2O & shut casing in. Good circulation @ all times while cementing. 10 Bbl Slurry to pit, Job Complete.

"Thanks Shannon & Crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	80	MILEAGE	4.00	320.00
11045	140 SKS	Class "A" cement	14.95	2093.00
1102	400 #	Calcium @ 3%	.74	296.00
1118B	265 #	Gel @ 2%	.21	55.65
1107	35 #	Flo-tele @ 1/4#/sk	2.35	82.25
5407A	6.58 Tons	Ton mileage bulk Truck	1.34	705.38
ENTERED				
			Sub Total	4377.28
			6.8% SALES TAX	171.82
			ESTIMATED TOTAL	4549.10

Revin 3737

258109

AUTHORIZATION *Shannon Feck* 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.



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 41500

LOCATION Eureka KS

FOREMAN Shannon Feck

API # 15-035-24499

FIELD TICKET & TREATMENT REPORT

CEMENT *Chubb* *DR*

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-21-13	5399	Brothers # 1-35	35	31S	5E	Cowley
CUSTOMER McGowan Oil Company			C+G Drly			
MAILING ADDRESS 302 N Summit			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Arkansas City			445	Dave G		
STATE KS			667	Chris B		
ZIP CODE 67005			479	colby N		

JOB TYPE Plugback + 4/5" HOLE SIZE 7 3/8" HOLE DEPTH 3577' CASING SIZE & WEIGHT 5 1/2" @ 15.50#
 CASING DEPTH 2400' 6.L. DRILL PIPE 4 1/2" @ 16.60# TUBING --- OTHER ---
 SLURRY WEIGHT 13.8 #/gal SLURRY VOL 28 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 3' in Basket shoe
 DISPLACEMENT 57.5 Bbl DISPLACEMENT PSI 400 MIX PSI Bump Plug @ 900 RATE 5 BPM

REMARKS: Safety Meeting, Rig up to 4 1/2" drill pipe + mixed 35 SKS 60/40 pozmit cement w/ 4% gel to plugback ar buckle formation. Lay down drill pipe, Run 5 1/2" casing, Set Basket shoe @ 1000 PSI. Break circulation w/ 10 Bbl H2O, mixed 100# Caustic Soda pre Flush w/ 12-14 Bbl H2O, 10 Bbl H2O spacer, mixed 85 SKS o.w.c. cement w/ 5# Kol-seal/sk + 1# Phenoseal/sk @ 13.8 #/gal. shut down wash out pump & lines + displace w/ 57.5 Bbl H2O. final pumping pressure of 400 PSI, bumped plug @ 900 PSI. Plug + Float held. Good circulation @ all times. Job complete.

"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	80	MILEAGE <i>Truck # 667</i>	4.00	320.00
1131	75 SKS	60/40 pozmit (35 SKS Ar buckle plug) <i>20 SKS Rathole 20 SKS mousehole</i>	12.55	941.25
1126	85 SKS	O.W.C. Cement	18.80	1598.00
1110A	425 #	Kol-seal @ 5 #/SK <i>4/5 cement</i>	.46	195.50
1107A	85 #	Phenoseal @ 1 #/SK	1.29	109.65
1103	100 #	caustic Soda pre Flush (12-14 Bbl)	1.61	161.00
5407	3.22 Tons	Ton mileage bulk TRUCK (Truck # 667)	m/c	350.00
5407A	4.42 Tons	Ton mileage bulk TRUCK (Truck # 479)	1.34	473.82
4255	1	5 1/2" Type "B" Basket Shoe	1320.00	1320.00
4406	1	5 1/2" Rubber Plug	70.00	70.00
			Sub Total	6569.22
			6.8% SALES TAX	298.89
			ESTIMATED TOTAL	6868.11

Ravin 3737

AUTHORIZATION *[Signature]*

TITLE 258036

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.