



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 Date Reached TD Completion Date or
Recompletion Date 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: _____

1164447



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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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258168

TICKET NUMBER 39414

LOCATION OAKLEY KS.

FOREMAN WALT DINKEL
DAMON MILLER (TRAINY)

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
4-19-13	2700	MARSHALA. WELL#45	31	115	17 W	ELLIS
CUSTOMER E & B NATURAL RESOURCES						
MAILING ADDRESS						
CITY			TRUCK #	DRIVER	TRUCK #	DRIVER
STATE			463	TRAVIS W.		
ZIP CODE			466	ED WERNER		

JOB TYPE SURFACE/O HOLE SIZE 12 1/4 HOLE DEPTH 259 CASING SIZE & WEIGHT 8 5/8 23 LB.
 CASING DEPTH 258 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 15-20 ft.
 DISPLACEMENT 15 BAR. DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM.

REMARKS: Safety meeting rig up on MURFIN 16 circulate on bottom
Put Baskets @ 50' + 40', mixed 200 sks com, 3% cc - 2% gel
Displaced 15 BK H₂O, Had partial returns, Did not circ
ran 40' 1", mixed 50 sks com, 3% cc - 2% gel

Cement Did Circ

THANKS WALT, DAMON + CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085.00	1085.00
5406	30	MILEAGE	5.00	150.00
11045	250 sks	CLASS A CEMENT	17.65	4,412.50
1102	705#	CALCIUM CHLORIDE	.89	627.45
1118B	470#	GEL	.25	117.50
5407	11.25	TON MILEAGE DELIVERY	1.67	588.60
4106	2	8 5/8 CEMENT BASKETS	3.67	734.00
				7,715.05
		<u>less 10% Disc</u>		-771.51
				6,943.54
			SALES TAX	.334.04
			ESTIMATED TOTAL	7277.58

completed

Ravin 3737

AUTHORIZATION Ag [Signature] TITLE T.P. 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

258287

TICKET NUMBER 39902
LOCATION Oakley, KS
FOREMAN Kelly Gabel
Walt Dinkel

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
4-24-13	2706	Marshal A #45	31	115	170	Ellis
CUSTOMER E & B Natural Resources			Hays Worthen Buckeye Rd 3E 3 N 1/4E Vino			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			399	Seily		
STATE			530	mike		
ZIP CODE			528	Trevi		

JOB TYPE Prod-DV HOLE SIZE 7 7/8 HOLE DEPTH 3748 CASING SIZE & WEIGHT 5 1/2 15.5 #
CASING DEPTH 3747 DRILL PIPE _____ TUBING DV Top # 26 OTHER DV @ 2644
SLURRY WEIGHT 142-125 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10.61
DISPLACEMENT 89 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, ran float equip on JT #5 cent, 3, 7, 12, 17, 22
baskets 2, 26, 27, 36, 42 DV top # 26 ran pipe to bottom, rigged up to
circulate on Murfin #16 for 1/2 hr, pumped 5 bbl water, mud flush
5 bbl water, mixed 140 SKS OWC 5 # Kol-seal & displaced with 30 bbl
water & 5 1/2 bbl mud with a lift of 800 # + Plug landed @ 1500 #, released
pressure, float held, dropped DV bomb & opened top @ 900 # circulated for
30 min, mixed 30 SKS RH, 20 SKS #11, mixed 520 SKS 60/40 Poz 89 gel 1/4 # Floseal
down center, got a trace of cement, displaced with 64 bbl water with
1 lift of 800 # Plug landed @ 1800 # released pressure float held.

Thank You Walt, Kelly & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5410C	1	PUMP CHARGE	3175.00	3175.00
5410B	45 mi	MILEAGE	5.25	236.25
1126	140 SKS	OWC	23.70	3318.00
110A	700 #	Kol-seal	0.56	392.00
1131	600 SKS	60/40 Poz	15.80	9516.00
1118B	4128 #	Bentonite	0.27	1114.56
1107	150 #	Floseal	2.97	445.50
5407A	25.8	Ton mileage delivery	1.75	2031.75
1144G	500 gal	mud flush	1.32	660.00
41159	1	5 1/2 AFU float shoe (I)	433.75	433.75
41130	5	5 1/2 Centralizer (I)	61.00	305.00
41104	5	5 1/2 basket (w)	290.00	1450.00
4277	1	5 1/2 DV Tool (w)	3381.00	3381.00
41454	1	5 1/2 latchdown Assy (w)	318.25	318.25
				26,777.00
				Less 1090
				2,677.71
				24,099.35
			SALES TAX	1209.66
			ESTIMATED	
			TOTAL	25,309.01

completed

Ravin 3737

3:00 PM

AUTHORIZATION [Signature]

TITLE _____

DATE 4-24-13

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.