



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 |
|---|---|

| 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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|---|---|--|
| 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: _____ _____ |
|---|---|--|

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | Tomco Oil, Inc. |
| Well Name | Rogers 3 Nietas |
| Doc ID | 1164485 |

All Electric Logs Run

| |
|---------------|
| |
| DIL |
| Dual Porosity |
| Sonic |
| Frac Finder |



CONSOLIDATED
Oil Well Services, LLC

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

API # 15-035-24470-00-G1

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 41714

LOCATION Flicks

FOREMAN Rex Ladford

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY | |
|--|------------|--------------------|---------------|------------|--------------|---------|--------|
| 5-22-13 | 7835 | Rogers #3 Nuetas | 17 | 325 | 66 | Carroll | |
| CUSTOMER <u>Tomco Oil Co.</u> | | | Culce Oris | TRUCK # | DRIVER | TRUCK # | DRIVER |
| MAILING ADDRESS <u>22150 S.E. Cole Creek Rd</u> | | | | <u>520</u> | <u>John</u> | | |
| CITY <u>Atlanta</u> | | | | <u>515</u> | <u>Meile</u> | | |
| STATE <u>KS</u> | | | | <u>637</u> | <u>Jim</u> | | |
| ZIP CODE <u>67208</u> | | | | | | | |

JOB TYPE L/S O HOLE SIZE 7 7/8" HOLE DEPTH 3475' CASING SIZE & WEIGHT 5 1/2" 15.5# new
 CASING DEPTH 3471 KB DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 136# SLURRY VOL 33 bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 10.0
 DISPLACEMENT 82.4 DISPLACEMENT PSI 500 ~~MAX~~ PSI 1000 bump plus RATE 5.5 RPM

REMARKS: Safety meeting. Rig up to 5 1/2" casing. Break circulation w/ 5 bbl water ahead. Mixed 100 sacks thickset cement w/ 5# Kol-seal/sk + 2# phenaseal/sk @ 136#/gal. yield 1.25 shut down, washout pump + lines, release latch down plug. Displace w/ 82.4 bbl fresh water. Final pump pressure 500 PSI. Bump plus to 1000 PSI. release pressure, float + plug held. Good circulation @ all times while cementing. Job complete. Rig down.

cent on 1,3,5,7,9

"Thank You"

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|---------|
| 5401 | 1 | PUMP CHARGE | 1085.00 | 1085.00 |
| 5406 | 50 | MILEAGE | 4.20 | 210.00 |
| 1126A | 100 sacks | thickset cement | 20.16 | 2016.00 |
| 1112A | 500# | 5# Kol-seal/sk | .46 | 230.00 |
| 1107A | 200# | 2# phenaseal/sk | 1.35 | 270.00 |
| 5407A | 5.5 | tax mileage bulk tax | 1.41 | 387.75 |
| 5502C | 5 hrs | 80 bbl vac. 70% | 90.00 | 450.00 |
| 1123 | 3000 gals | city water | 17.30/1000 | 51.90 |
| 4130 | 5 | 5 1/2" x 7 7/8" centralizers | 50.50 | 252.50 |
| 4203 | 1 | 5 1/2" guide shoe (weld on) | 1168.00 | 1168.00 |
| 4228B | 1 | 5 1/2" AFU insert | 180.75 | 180.75 |
| 4454 | 1 | 5 1/2" latch down plug | 246.75 | 246.75 |

ENTERED

259193

6.0%

Subtotal 5568.65
SALES TAX 233.16
ESTIMATED TOTAL 5802.2

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