



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: _____



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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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DRILL LOG

Operator License#	API 15-059-26235-00-00
Operator	Lease Name Coons
Address	Well # W31
Contractor JTC Oil, Inc.	Spud Date 5/18/13 Cement
Contractor License__32834	Location_____ of _____
T.D. 760 T.D. of Pipe 745.5	_____ feet from _____
Surf. Pipe Size_ 7" _Depth 20'	_____ feet from _____
Kind of Well___ Inj	County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
<u>10</u>	<u>Clay/Dirt</u>	<u>0</u>	<u>10</u>	<u>21</u>	<u>Line</u>	<u>159</u>	<u>180</u>
<u>42</u>	<u>Shale</u>	<u>10</u>	<u>52</u>	<u>80</u>	<u>Shale</u>	<u>180</u>	<u>260</u>
<u>5</u>	<u>Lime</u>	<u>52</u>	<u>57</u>	<u>21</u>	<u>Lime</u>	<u>260</u>	<u>281</u>
<u>4</u>	<u>Shale</u>	<u>57</u>	<u>61</u>	<u>4</u>	<u>Shale</u>	<u>281</u>	<u>285</u>
<u>17</u>	<u>Lime</u>	<u>61</u>	<u>78</u>	<u>2</u>	<u>Lime</u>	<u>285</u>	<u>287</u>
<u>7</u>	<u>Shale</u>	<u>78</u>	<u>85</u>	<u>8</u>	<u>Shale</u>	<u>287</u>	<u>295</u>
<u>11</u>	<u>Lime</u>	<u>85</u>	<u>96</u>	<u>7</u>	<u>Lime</u>	<u>295</u>	<u>306</u>
<u>5</u>	<u>Shale</u>	<u>96</u>	<u>10</u>	<u>17</u>	<u>Shale</u>	<u>306</u>	<u>323</u>
<u>19</u>	<u>Lime</u>	<u>101</u>	<u>120</u>	<u>2</u>	<u>Lime</u>	<u>323</u>	<u>325</u>
<u>5</u>	<u>Black Shale</u>	<u>120</u>	<u>125</u>	<u>27</u>	<u>Shale</u>	<u>325</u>	<u>355</u>
<u>34</u>	<u>Shale</u>	<u>125</u>	<u>159</u>	<u>2</u>	<u>Lime</u>	<u>355</u>	<u>357</u>

3	Shale	357	360
9	Lime	360	369
3	Shale	369	372
13	Lime	372	385
2	Mostly Shale Mix	389	391
2	Shale	391	393
23	Lime	393	416
5	Shale	416	421
5	Lime	421	426
3	Shale	426	429
6	Lime	429	435
13	Shale Mix	435	448
152	Shale	448	600
2	Lime	600	602
8	Shale	602	610
10	Lime	610	620
21	Shale Mix	620	641
4	Lime	641	645
13	Shale	645	658
5	Lime	658	663
7	Shale	663	670
12	Lime	670	682

19	Mix	682	701
2	Lime	701	703
6	Mix	703	709
1	Sand	709-710	OK
2	Sand	710-712	OK
2	Shaly Sand	712	714
2		716-718	Little
2		718	720
2		720	722
2		722-724	Good
2		724-726	OK
2		726-728	Little
32	Shaley	728	760



CONSOLIDATED
Oil Well Services, LLC

259120

TICKET NUMBER 41952

LOCATION Ottawa KS

FOREMAN Fred Mad

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
5/23/12	4015	Coons # W-31	S 32	15	21	FR

CUSTOMER JTC Oil Inc		
MAILING ADDRESS 35688 Plum Creek Rd		
CITY O sawatomie	STATE KS	ZIP CODE 66064

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mad		
495	Kei Ear		
369	Dev Mas		
548	Mik Haa		

JOB TYPE <u>Long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>760</u>	CASING SIZE & WEIGHT <u>2 7/8 EUE</u>
CASING DEPTH <u>7450</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Plug</u>
DISPLACEMENT <u>433 BB</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>43 PM</u>

REMARKS: Hold crew meeting. Establish pump rate. Mix Pump 100# Gel Flush. Mix + Pump 80 sks o/w cement. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TO Pressure to 600# PSI. Hold + Monitor pressure for 30 min MIT. Release pressure to set float valve. Shut in casing.

JTC Drilling

Fred Mad

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5461	1	PUMP CHARGE	495	1085 ⁰⁰
5406	-	MILEAGE		N/C
5402	745	Casing footage		N/C
5407	1/2 minimum	Ton Miles	548	184 ⁰⁰
55020	2 hrs	80 BBL Vac Truck	369	180 ⁰⁰
1126	80 sks	o/w cement		1580 ⁰⁰
1118B	100#	Premium Gel		22 ⁰⁰
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			7.0%	SALES TAX
				ESTIMATED TOTAL
				3207 ⁷⁶

Completed

AUTHORIZATION Bruce Biddle 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.