



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: _____



1165993

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> _____	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
Well: Thomas B 4
Lease Owner: ST Petroleum

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

Commenced Spudding:
10/10/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
6	Soil-Clay	6
9	Sandstone	15
69	Shale	84
3	Lime	87
4	Sand	91
15	Lime	106
7	Shale	113
9	Lime	122
5	Shale	127
20	Lime	147
23	Sand	170
24	Lime	194
46	Sandy Shale	240
25	Lime	265
14	Shale	279
9	Lime	288
17	Shale	305
7	Lime	312
5	Shale	317
7	Lime	324
44	Shale	368
26	Lime	394
9	Shale	403
22	Lime	425
3	Shale	428
5	Lime	433
3	Shale	436
7	Lime	443
4	Shale	447
6	Sandy Shale	453
98	Shale	551
6	Sand	557
4	Sandy Shale	561
55	Shale	616
5	Lime	621
3	Shale	624
2	Lime	626
8	Shale	634
6	Lime	640
5	Sand	645

Short Cuts

TANK CAPACITY

BBLS. (42 gal.) equals $D^2 \times .14 \times h$
 D equals diameter in feet.
 h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

- * D - Diameter of Pump Sheave
- * d - Diameter of Engine Sheave
- SPM - Strokes per minute
- RPM - Engine Speed
- R - Gear Box Ratio
- *C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times D$

R - $RPM \times D$ over $SPM \times d$

$$BELT LENGTH - 2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$$

* Need these to figure belt length

$$TO FIGURE AMPS: \frac{WATTS}{VOLTS} = AMPS$$

746 WATTS equal 1 HP

Log Book

Well No. 4

Farm Thomas B

KS Johnson
 (State) (County)

31 14 22
 (Section) (Township) (Range)

For ST Petroleum
 (Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Traverse Farm: Johnson County

KS State; Well No. 4

Elevation 1051

Feet

Commenced Spuding 10-10 2013

Finished Drilling 10-11 2013

Driller's Name Chad Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Cole Holcum

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

31 R1 22

(Section) (Township) (Range)

Distance from S line, 4830 ft.

Distance from E line, 1951 ft.

3- Sacks

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

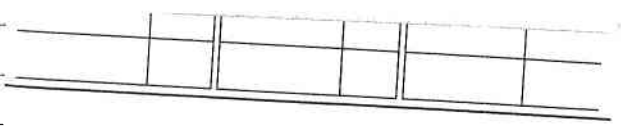
7 7/8" Set 224' 8" Pulled _____

6 1/4" Set _____ 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2 7/8" Set 943.50 2" Pulled _____

935.50
870.85 Baffle seat apple
980 TD



430

Thickness of Strata	Formation	Total Depth	Remarks	
7	Lime	443	Harder	
4	shale	447		
6	sandy shale	453		
98	shale	551		
6	sand	557		
4	sandy shale	561		
35	shale	610		
5	Lime	621		
3	shale	624		
2	Lime	626		
8	shale	634		
6	Lime	640		
5	sand	645		dry ok show
3	sandy shale	648		
8	shale	656		
3	Lime	659		
2	coal	661		
6	shale	667		
9	limestone shale	676		
27	shale	703	red bed - 680'	
2	Lime	705		
7	shale	712		
4	sand	716	no oil	
4	sandy shale	720		
56	shale	776		
7	Broken sand	783		
5	sandy shale	788		

788

Thickness of Strata	Formation	Total Depth	Remarks
25	shale	813	
5	sand	818	
12	shale	830	
2	Broken sand	832	
3	sand	835	no o.i
1	sand	836	15% - 20% oil
1	sand	837	50% - 60% good bleeding
3	sand	840	90% solid
3	sandy shale	843	
9	shale	852	
5	sand	857	no oil
27	shale	884	
2	Broken sand	886	
10	shale	896	
1	sandy lime	897	very solid, good bleeding
1	sandy lime	898	75% oil
2	sandy lime	900	10% - 15% o.i
2	sand	902	solid o.i
2	Broken sand	904	75%
1	Broken sand	905	2% o.i
21	Broken sand	926	no o.i
54	shale	980	TD



CONSOLIDATED
Oil Well Services, LLC

263165

TICKET NUMBER 44750

LOCATION Ottawa KS

FOREMAN Fred Mader

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
10-11-13	7532	Thomas "B" #41	NE 31	14	22	JO
CUSTOMER ST Petroleum Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 18800 Sunflower Rd			712	Fred Mader		
CITY Edgerton			495	Nar Bec		
STATE KS			675	Kai Det		
ZIP CODE 66021						

JOB TYPE logstring HOLE SIZE 5 7/8 HOLE DEPTH 950' CASING SIZE & WEIGHT 2 7/8 EOE
 CASING DEPTH 943 DRILL PIPE Baffle in TUBING @ 935 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 5' + Plug
 DISPLACEMENT 5.44 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.3 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix Pump 100# Gel
Flush. Mix + Pump 130 SKs 50/50 Poz Mix Cement. 270 Gel 44"
Flo Seal/sk. Cement to surface. Flush pump + lines clean.
Displace 2" Rubber plug to baffle in casing. Pressure to 800#
PSI. Release pressure to set float valve. Shut in casing.

TDS Drilling - Chad

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	30mi	MILEAGE	495	126 ⁰⁰
5402	943	Casing Footage		N/C
5407	Minimum	Tom Miles		368 ⁰⁰
5502	2 hrs	80 BBL Vac Truck	675	180 ⁰⁰
1124	130 SKs	50/50 Poz Mix Cement		1495 ⁰⁰
118B	319*	Premium Gel		70 ¹⁸
1107	33*	Flo Seal		81 ⁵¹
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			7,375 ⁷⁰	
			SALES TAX	123 ⁶³
			ESTIMATED TOTAL	3558 ⁸²

Rev'n 3737

AUTHORIZATION

[Signature]

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.