



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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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LEASE NAME: Dempsey OPERATOR: Utah Oil START DATE: _____
 WELL # KOZ # 8 LOCATION: Rantoul KS API # _____
 SURFACE PIPE: 20 FT 2 7/8" Cement (#bags) 6
 PRODUCTION: _____ PIPE: _____ SIZE: 2 7/8 = FT 808.2

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
				7	wht sand		453
8	Clay shale		14	45	Shale		498
44	Lime		58	10	Lime		508
17	Shale		75	12	Shale	wht Sand	520
2	Lime		77	4	Lime		536
74	Shale		151	1	Shale		557
16	Lime		167	3	Lime		560
2	Shale		169	10	Shale		570
1	Lime		170	4	Lime		574
10	Shale		180	12	Shale		586
2	Lime		182	4	Lime		590
6	Shale		188	8	Shale		598
2	Lime		190	8	Lime		606
8	Shale		198	2	sand shale	Broken 1st sp.	608
5	Lime		203	5	Lime		613
37	Shale		240	5	Lime	Broken Sand	618
12	Lime		252	2	shale sand		620
2	Shale		254	10	Shale		630
4	Lime		258	26	Lime		656
10	Shale		268	4	Shale		660
12	Lime		280	14	Shale	Broken Sand	674
1	Shale		281	3	Shale		677
11	Lime		292	9	Shale	sand streak 2nd sp.	686
1	Shale		293	12	Shale		698
1	Lime		294	4	Black Shale	sand streak	702
10	Shale		304	2	Lime		704
20	Lime		324	6	Shale		710
4	Shale		328	2	Lime		712
1	Lime		329	6	Shale		718
1	Shale		330	4	Shale		722
2	Lime		332	11	shale sand	Broken Cattle man light bleed	733
1	Shale		333	3	Shale	Broken Sand	736
7	Lime	Heartha	240	5	Black Shale	white Sand	741
204	Shale		444	1	Shale		742
2	wht shale		446	80	Shale	TD Broken Sand	820



CONSOLIDATED
Oil Well Services, LLC

262760

TICKET NUMBER 44673
LOCATION Ottawa
FOREMAN Alan 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
9-27-13	5000	Dempsey KOT-2	SE 29	17	21	FR
CUSTOMER Stinger Ventures						
MAILING ADDRESS 5113 E. North St.						
CITY Saling		STATE KS	ZIP CODE 67401			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			516	AlaMad	Safety	Meat
			368	the Car		
			369	Der Mas		
			510	set Tul		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 822 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 808 DRILL PIPE _____ TUBING _____ OTHER 977 baffle
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING yes
 DISPLACEMENT 4.5 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate down casing. Mixed and pumped 100# gel followed by 126 gal 50150 cement plus 1/2# phenoseal & 270 gel per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI for 30 minute MIT. Set float, closed valve.

Big One

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	15	MILEAGE	368	63.00
5402	808	casing footage	368	
5407	min	top miles	510	368.00
5502L	2	80 min	369	182.00
1124	126	50150 cement		1449.00
1118B	312#	gel		68.64
1107A	65#	pheno seal		85.05
4402	1	2 1/2 plug		29.50
			SALES TAX	124.87
			ESTIMATED TOTAL	3453.06

Revin 3737

no company rep

AUTHORIZATION Jim DKO 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