



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: _____

1167164



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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CONSOLIDATED
Oil Well Services, L.L.C.

TICKET NUMBER 44709

LOCATION Ottawa

FOREMAN Alan Maden

PO Box 284, Chanute, KS 66720
820-431-9210 or 820-487-6476

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	FORM-UP	DEPTH	COUNTY
10-4-13	7752	Urea T-3	SW 22	26	18	AL
CUSTOMER 5C2 Resources						
MAILING ADDRESS 8614 Cedarspur Dr						
CITY Houston						
STATE TX						
ZIP CODE 77055						
TRUCK #	DRIVER	TRUCK #	DRIVER			
516	Alan Maden					
368	Der Mas					
369	Mike Mas					
512	Sat. Etc.					

JOB TYPE	LOG STRING	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT	
	Long String	6 1/8	900	2 3/8	
CASING DEPTH	DRILL PIPE	TUBING	OTHER		
862					
SLURRY WEIGHT	SLURRY VOL	WATER gain	CEMENT LEFT IN CASING		
			yes		
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE		
5	800	200	4 bpm		

REMARKS: Hold setting. Established rate down casing.
Mixed & pumped 100# gel followed by 135# 50/50
cement plus 2 1/2 gal. circulated cement.
Flushed pump. Pumped plug to casing TD.
Well held 800 PSI for 30 minute MIT, sat
plug. Closed valve.

ITD Drilling

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3701	1	PUMP CHARGE	365	1085
3706		RELEASE	365	
5402	862	Casing footage	369	
5407	377 2/3	ben miles	500	532.06
5502c	1 1/2	80 gal.	369	133.00
1124	135	50/50 cement		155.50
1180	327	gel		26.94
4402	1	2 1/2 plug		29.52
SALES TAX ESTIMATED TOTAL				122.39
				3528.37

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 form.

Operator License # 34897
 Operator SCZ Resources
 Address 8614 Cedarspur Drive
 City Houston, TX 77055
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 880
 T.D. of pipe 862
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Injection

API # 15-001-30790-00-00
 Lease Name Kendall Dice
 Well # I-8
 Spud Date 10/2/13
 Cement Date
 Location Sec 22 T 26 R 18
 990 feet from S line
 1980 feet from W line
 County Allen

Driller's Log

Thickness	Strata	From	To	
7	Dirt	0	7	
13	Stone Mix	7	20	
15	Lime	20	35	
24	Shale	35	59	
13	Lime	59	72	
40	Shale	72	112	
2	Lime	112	114	
7	Shale	114	121	
70	Lime	121	191	
8	Shale	191	199	
22	Lime	199	221	
5	Shale	221	226	
27	Lime	226	253	
5	Black Shale	253	258	
25	Lime	258	283	
129	Shale	283	412	
34	Lime	412	446	
6	Shale	446	452	
1	Sand	452	453	OK
2	Sand	453	455	Good
2	Sand	455	457	OK
10	Sandy Shale	457	467	
78	Shale	467	545	
20	Lime	545	565	
36	Shale	565	601	
17	Lime	601	618	
9	Shale Mix	618	627	
153	Shale	627	780	
2	Oil	780	782	OK
2	Sandy Shale	782	784	
4	Shale	784	788	
2	Good	788	790	
2	Good	790	792	
2	OK	792	794	
2	Sand	794	796	OK
20	Shale	796	816	
2	OK	816	818	
2	OK	818	820	

2	OK	820	822
78	Sand Mix	822	900