



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: _____



CONSOLIDATED
Oil Well Services, LLC

262102

TICKET NUMBER 42444
LOCATION gtr qwc
FOREMAN Alan Made

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
9-5-13	4015	Wilson # 6	NE 4	18	22	MI
CUSTOMER STC D.1						
MAILING ADDRESS 35688 Plum Creek			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Osawatomie			516	Alan Made		
STATE KS			666	Gar Mac		
ZIP CODE 66064			675	Ke: Det		
			549	Nik Bog		

JOB TYPE long string HOLE SIZE 3 7/8 HOLE DEPTH 640 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 613 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
DISPLACEMENT 3 1/2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Hoisted to casing. Established rate mixed & pumped 100# gel followed by 73 sk DWC plus 1/2# flo seal per sack. Circulated cement. Flushed pump. Pumped plug to casing T.D. Well held 800 PSI. Set float. Closed valve.

JTC

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE	666	1085.00 ✓	
5406	25	MILEAGE	666	105.00 ✓	
5402	613	casing footage	666	— ✓	
5407A	94.9	ton miles	548	133.81 ✓	
5522C	1 1/2	80 gal	675	135.00 ✓	
1126	73	DWC		1441.75 ✓	
1118B	100#	gel		220.00 ✓	
1107	18#	flo seal		44.46 ✓	
4402	1	2 1/2 plug		29.50 ✓	
				SALES TAX	113.79 ✓
				ESTIMATED TOTAL	3110.31 ✓

completed

Ravin 3737

AUTHORIZATION *Alan Made* 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 # 32834
 Operator JTC Oil, Inc.
 Address P. O. Box 24386
 City Stanley, KS 66283
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 640
 T.D. of pipe 613
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-121-29587-00-00
 Lease Name Wilson A
 Well # P-6
 Spud Date 8/30/2013
 Cement Date 9/5/2013
 Location Sec 4 T 18 R 22
 1195 feet from N line
 495 feet from E line
 County Miami

Driller's Log

Thickness	Strata	From	To
20	Clay/Dirt	0	20
10	Clay/Sandstone	20	30
6	Stone Mix	30	36
14	Lime	36	50
10	Shale	50	60
29	Lime	60	89
6	Black Shale	89	95
18	Lime	95	113
5	Shale	113	118
3	Lime	118	121
1	Shale	121	122
10	Lime	122	132
168	Shale	132	300
14	Lime	300	314
50	Shale	314	364
7	Lime	364	371
12	Shale	371	383
3	Lime	383	386
12	Shale	386	398
14	Lime	398	412
22	Shale	412	434
12	Lime	434	446
5	Shale	446	451
29	Sandy Shale	451	480
10	Shale	480	490
28	SandyShale	490	518
4	Tiny Sand	518	522
35	Shale	522	557
1	Top Sand	557	558
2	OK	558	560
2	OK	560	562
2	OK	562	564
2	Good	564	566
2	Good	566	568

2	V-Good	568	570
2	V-Good	570	572
2	Little	572	574
1	Tiny Sand	574	575
65	Shale	575	640