



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				

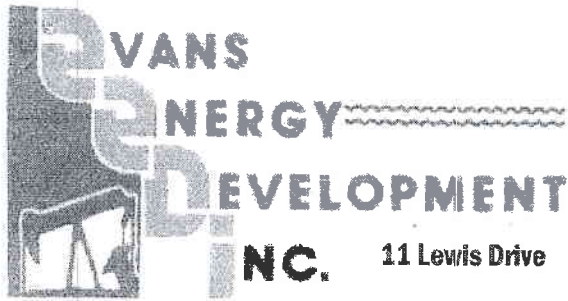
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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 Bbbs.	Gas Mcf	Water Bbbs.	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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**EVANS
ENERGY
DEVELOPMENT
INC.**

11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

L & P Enterprises, LLC

Donner #D6A

API#15-121-29,600

September 9 - September 10, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
11	lime	19
8	shale	27
11	lime	38
13	shale	51
22	lime	73
2	shale	75
26	lime	101
90	shale	191
18	lime	209
32	shale	241
5	lime	246
36	shale	282
9	lime	291
20	shale	311
26	lime	337
8	shale	345
21	lime	366 light oil show
5	shale	371
3	lime	374
5	shale	379
5	lime	384 base of the Kansas City
25	shale	409
6	oil sand	415 brown & green sand, good bleeding
11	silty shale	426
64	shale	490
7	sand	497 green sand (gassy) light bleeding
6	oil sand	503 green & brown, ok bleeding
53	shale	556
4	lime	560
29	shale	589
1	coal	590
5	shale	595
5	lime	600
17	shale	617
3	lime	620
43	shale	663
1	lime & shells	664

Donner #D6A

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35	shale	669
6.5	oil sand	705.5 good bleeding
1	lime	706.5
6.2	oil sand	712.7 light brown, light bleeding
7.8	oil sand	720.5 brown, good bleeding
0.5	shale	721
1	lime & shells	722
38	shale	760 TD

Drilled a 9 7/8" hole to 22.6'

Drilled a 5 5/8" hole to 760'

Set 22.6' of 7" surface casing threaded and coupled cemented with 6 sacks of cement

Set 753' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp

712-720



CONSOLIDATED
Oil Well Services, LLC

262234

TICKET NUMBER 42488

LOCATION Ottawa

FOREMAN Alan Madu

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
9-10-03	4828	Donner D-6-A	NW 5	17	22	mi
CUSTOMER <u>L & P Enterprises</u>			TRUCK #			
MAILING ADDRESS <u>29975 Indsonapds Rd</u>			DRIVER			
CITY <u>Padu</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66071</u>			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 760 CASING SIZE & WEIGHT 3 7/8
 CASING DEPTH 253 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 7.14 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Hooked to casing. Established rate. Mixed & pumped 100# gel followed by 100 sk 50/50 cement plus 20# gel & 1/2 phenoseal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PST. Set float. Closed valves.

Evans, Mitchell

Alan Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1088.00 ✓
5406	20	MILEAGE	368	8400 ✓
5422	753	casing footage	368	✓
5407	min	ten Miles	503	368.00 ✓
5502L	2	80 vac	370	180.00 ✓
1124	100	50/50 cement		1150.00 ✓
1118B	268#	gel		58.96 ✓
1107A	50#	pheno seal		67.50 ✓
4402	1	2 1/2 plug		29.50 ✓

completed

Ravin 3737

AUTHORIZATION

Kevin Weston

TITLE

DATE

SALES TAX 96.64 ✓
ESTIMATED TOTAL 3119.60 ✓

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.