



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
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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: _____



1170258

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 262048

Invoice Date: 09/13/2013 Terms:

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MCFADDEN, JACK
P O BOX 394
IOLA KS 66749
(620) 365-7990

LANTZ 12 AO
43467
09-04-13
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	120.00	13.1800	1581.60
1118B	PREMIUM GEL / BENTONITE	410.00	.2200	90.20
1102	CALCIUM CHLORIDE (50#)	200.00	.7800	156.00
1107A	PHENOSEAL (M) 40# BAG)	120.00	1.3500	162.00
1118B	PREMIUM GEL / BENTONITE	200.00	.2200	44.00
4402	2 1/2" RUBBER PLUG	2.00	29.5000	59.00

Description	Hours	Unit Price	Total
479 MIN. BULK DELIVERY	1.00	368.00	368.00
485 CEMENT PUMP	1.00	1085.00	1085.00
485 EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	.00

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 Parts: 2092.80 Freight: .00 Tax: 154.87 AR 3700.67
 Labor: .00 Misc: .00 Total: 3700.67
 Sublt: .00 Supplies: .00 Change: .00
 =====

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650

DATED
Services, LLC

ENTERED

TICKET NUMBER 43467
LOCATION Eureka
FOREMAN Steve Mead

KS 66720
00-467-8676

**FIELD TICKET & TREATMENT REPORT
CEMENT**

CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5321	Levi 2 12A				Allen
ADDRESS		TRUCK #	DRIVER	TRUCK #	DRIVER
Jack McFadden		485	Alan m		
P.O. Box 394		479	Zevi		
CITY	STATE	ZIP CODE			
Tola	KS	66749			

JOB TYPE Longstring HOLE SIZE _____ HOLE DEPTH 860' CASING SIZE & WEIGHT _____
CASING DEPTH 855' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 5 bbls DISPLACEMENT PSI 400 ³⁰⁰⁰ MIX FOR PLY 900# RATE _____

REMARKS: Safety meeting. Rig up to 2 3/8 tubing. Break circulation w/ 5 bbls Fresh water. Pump 200# Gel Flush + 5 bbls Fresh water. Mix 120sk 60/40 Pozmix Cement w/ 4% Gel, 2% CaCl2 + 1# phenoseal per/sk Shut down. Wash out Pump + Lines. Stuff 2 plugs. Displace w/ 5 bbls Fresh water. Final pumping Pressure 400#. Bump Plugs 900#. Shut well @ Good cement Returns to surface 5 bbls to pit. Job complete Rig down

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	N/C	MILEAGE In Field	-	- ✓
1131	120sk	60/40 Pozmix Cement	13.18	1581.60 ✓
1118B	410#	Gel 4%	.22	90.20 ✓
1102	200#	CaCl2 2%	.78	156.00 ✓
1107A	120#	Phenoseal 1# per/sk	1.35	162.00 ✓
5407	5.16 Tons	Ton Mileage Bulk Truck	N/C	368.00 ✓
1118B	200#	Gel Flush	.22	44.00 ✓
4402	2	2 3/8" Top Rubber Plugs	29.50	59.00 ✓
			Sub Total	3545.80 ✓
			SALES TAX	154.87 ✓
			ESTIMATED TOTAL	3700.67 ✓

Ravin 3737
Called By JACK McFadden

262018 7.40%

Sub Total 3545.80
SALES TAX 154.87
ESTIMATED TOTAL 3700.67

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.