



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: _____



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)* _____

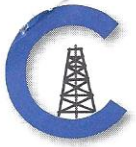
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD 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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Form	ACO1 - Well Completion
Operator	Kremeier, Les dba Kremeier Prod & Operating
Well Name	Steerman 2
Doc ID	1170404

All Electric Logs Run

Dual Induction Log
Dual Compensated Porosity Log
Microresistivity Log
Sonic Cement Bond Log



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 # 258757

Invoice Date: 05/13/2013 Terms:

Page 1

KREMEIER OIL & GAS, INC
3183 US HIGHWAY 56
HERINGTON KS 67449
(785)258-2321

STEERMAN #2
41615
19-19S-6E
05-12-13
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	225.00	13.1800	2965.50
1118B	PREMIUM GEL / BENTONITE	1550.00	.2200	341.00
1107A	PHENOSEAL (M) 40# BAG)	450.00	1.3500	607.50
1126A	THICK SET CEMENT	75.00	20.1600	1512.00
1110A	KOL SEAL (50# BAG)	375.00	.4600	172.50
4454	5 1/2" LATCH DOWN PLUG	1.00	266.7500	266.75
4203	GUIDE SHOE 5 1/2"	1.00	168.0000	168.00
4228B	INSERT FLOAT VALVE W/AFU	1.00	180.7500	180.75
4104	CEMENT BASKET 5 1/2"	2.00	240.0000	480.00
4130	CENTRALIZER 5 1/2"	4.00	50.5000	202.00

Description	Hours	Unit Price	Total
485 CEMENT PUMP	1.00	1085.00	1085.00
485 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
515 TON MILEAGE DELIVERY	345.00	1.41	486.45
611 TON MILEAGE DELIVERY	345.00	1.41	486.45

Parts: 6896.00 Freight: .00 Tax: 503.40 AR 9667.30
 Labor: .00 Misc: .00 Total: 9667.30
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

AM *Merk R.*
K-McC *JK*

TICKET NUMBER 41615
LOCATION EUREKA
FOREMAN Kevin McCoy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API #15-017-20912

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-12-13	4493	STEERMAN #2	19	19S	6E	Chase, Ks

CUSTOMER		Summit Drly Co.	
Kremerer Production & Operating		TRUCK #	DRIVER
MAILING ADDRESS		485	ALAN M.
3183 US Hwy 56		515	Merk R.
CITY	STATE	611	Joey K.
Herington	Ks		
	ZIP CODE		
	67449		

JOB TYPE Longstring O HOLE SIZE 7 7/8 HOLE DEPTH 2207' K.B. CASING SIZE & WEIGHT 5 1/2 14" New
 CASING DEPTH 2196 G.L. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.6-13.6 SLURRY VOL 95 BBL WATER gal/sk 9 CEMENT LEFT in CASING 0'
 DISPLACEMENT 54.2 BBL DISPLACEMENT PSI 1000 ~~PSI~~ 1500 Bump Plug RATE 5 BPM

REMARKS: Safety Meeting: Rig up to 5 1/2 casing. Break Circulation w/ 10 BBL Fresh water, mixed 225 sks 60/40 Pozmix Cement w/ 8% Gel, 2* PhenoSeal /sk @ 12.6*/gal, yield 1.75. Tail in w/ 75 sks Thick Set Cement w/ 5* Kol-Seal /sk @ 13.6*/gal, yield 1.85. Total Slurry Pumped = 95 BBL. Wash out Pump & Lines. Shut down. Release Latch down Plug. Displace Plug to Seat w/ 54.2 BBL Fresh water. Final Pumping Pressure 1000 PSI. Bump Plug to 1500 PSI. Wait 2 mins. Release Pressure. Float & Plug Held. Good Cement Returns to Surface = 14 BBL Slurry to Pit. Job Complete. Rig Down.

Centralizers on *1, 3, 5, 7 Baskets on *5, *21.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4.20	210.00
1131	225 SKS	60/40 Pozmix Cement	13.18	2965.50
1118 B	1550 *	Gel 8% } Lead Cement	.22	341.00
1107 A	450 *	PhenoSeal 2*/sk	1.35	607.50
1126 A	75 SKS	THICK Set Cement } TAIL Cement	20.16	1512.00
1110 A	375 **	KOL-SEAL 5*/sk	.46	172.50
5407 A	13.8 Tons	50 miles Bulk Delv.	1.41	972.90
4454	1	5 1/2 LATCH down Plug	266.75	266.75
4203	1	5 1/2 Guide Shoe	168.00	168.00
4228 B	1	5 1/2 AFU INSERT FV	180.75	180.75
4104	2	5 1/2 Cement Baskets	240.00	480.00
4130	4	5 1/2 x 7 7/8 Centralizers	50.50	202.00
ENTERED				
			Sub Total	9163.90
			SALES TAX 7.3%	503.40
			ESTIMATED TOTAL	9667.30

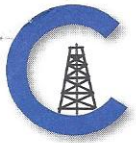
Ravin 3737

K-McC

THANK YOU
M *058161*

AUTHORIZATION By Les Kremerer 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.



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 # 258710

Invoice Date: 05/13/2013 Terms:

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KREMEIER OIL & GAS, INC
3183 US HIGHWAY 56
HERINGTON KS 67449
(785)258-2321

STEERMAN #2
41563
19-19S-6E
05-08-13
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	130.00	15.7000	2041.00
1102	CALCIUM CHLORIDE (50#)	365.00	.7800	284.70
1118B	PREMIUM GEL / BENTONITE	250.00	.2200	55.00
1107	FLO-SEAL (25#)	32.00	2.4700	79.04
	Description	Hours	Unit Price	Total
520	CEMENT PUMP (SURFACE)	1.00	870.00	870.00
520	EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
667	TON MILEAGE DELIVERY	305.50	1.41	430.76

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Parts: 2459.74 Freight: .00 Tax: 179.56 AR 4150.06
Labor: .00 Misc: .00 Total: 4150.06
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

