



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: _____



1170457

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	---	--



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 # 235608

Invoice Date: 07/31/2010 Terms:

Page 1

PATRICK DEVELOPMENT CORP.
3408 W. 93RD ST.
LEAWOOD, KS 66206
(913)381-2814

EARL GREY 86
27014
SE 18-26-17 WO
07/29/2010
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	68.00	9.8400	669.12
1118B	PREMIUM GEL / BENTONITE	363.00	.2000	72.60

Description	Hours	Unit Price	Total
164 P & A NEW WELL	1.00	925.00	925.00
164 EQUIPMENT MILEAGE (ONE WAY)	80.00	3.65	292.00
548 MIN. BULK DELIVERY	1.00	315.00	315.00

Parts:	741.72	Freight:	.00	Tax:	54.15	AR	2327.87
Labor:	.00	Misc:	.00	Total:	2327.87		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7864

GILLETTE, WY
307/686-4914

MCALESTER, OK
918/428-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLDWIDE, WY
307/347-4577



TICKET NUMBER 27014
 LOCATION Ottawa KS
 FOREMAN Fred Mader

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
7/29/10	6316	Earl Gray # 68	SE 18	26	17	WO
CUSTOMER <u>Patrick Development</u>						
MAILING ADDRESS <u>3408 W 93rd St</u>						
CITY <u>Leawood</u>		STATE <u>KS</u>	ZIP CODE <u>66206</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>Fred</u>	<u>506</u>	<u>Safex</u>	<u>Wky</u>
			<u>164</u>	<u>Alex</u>	<u>164</u>	<u>Wky</u>
			<u>545</u>	<u>Cecil</u>	<u>164</u>	<u>Wky</u>

JOB TYPE Plug HOLE SIZE 5 7/8 HOLE DEPTH 840' CASING SIZE & WEIGHT N/A
 CASING DEPTH 0 DRILL PIPE _____ TUBING _____ OTHER hole
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Full
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish Circulation thru Drill pipe. Spot 10 SKS Cement @ TD. Pull drill pipe to 500' Spot 10 SKS Cement. Pull drill pipe to 250' & Fill hole to surface. Pull remaining drill pipe + wash clean. Top off well w/ Cement.

72 SKS 50/50 Poz Mix Cement w/ 6% Gel. Total

Hot Drilling
Rig Supplied water.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE <u>Plug</u>		925 ⁰⁰
5406	80	MILEAGE <u>Pump Truck</u>		292 ⁰⁰
5407	Minimum	<u>Ton Miles</u>		315 ⁰⁰
1124	68 SKS	50/50 Poz Mix Cement		669 ¹²
1118B	363 [#]	Premium Gel.		72 ⁶⁰
				7.3%
				SALES TAX
				ESTIMATED TOTAL
				5415
				2327 ⁶⁷

WO# 235608

Ravin 3737 AUTHORIZATION No. Co Rep on site 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 # 235608

Invoice Date: 07/31/2010 Terms:

Page 1

PATRICK DEVELOPMENT CORP.
3408 W. 93RD ST.
LEAWOOD, KS 66206
(913)381-2814

EARL GREY 86
27014
SE 18-26-17 WO
07/29/2010
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	68.00	9.8400	669.12
1118B	PREMIUM GEL / BENTONITE	363.00	.2000	72.60

Description	Hours	Unit Price	Total
164 P & A NEW WELL	1.00	925.00	925.00
164 EQUIPMENT MILEAGE (ONE WAY)	80.00	3.65	292.00
548 MIN. BULK DELIVERY	1.00	315.00	315.00

Parts:	741.72	Freight:	.00	Tax:	54.15	AR	2327.87
Labor:	.00	Misc:	.00	Total:	2327.87		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7864

GILLETTE, WY
307/686-4914

MCALESTER, OK
918/428-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLDWIDE, WY
307/347-4577



TICKET NUMBER 27014
 LOCATION Ottawa KS
 FOREMAN Fred Mader

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
7/29/10	6316	Earl Gray # 68	SE 18	26	17	WD
CUSTOMER <u>Patrick Development</u>						
MAILING ADDRESS <u>3408 W 93rd St</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Leawood</u>			<u>54F</u>	<u>Alex</u>	<u>Safex</u>	<u>Wky</u>
STATE <u>KS</u>		ZIP CODE <u>66206</u>				

JOB TYPE <u>Plug</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>840'</u>	CASING SIZE & WEIGHT <u>N/A</u>
CASING DEPTH <u>0</u>	DRILL PIPE	TUBING	OTHER <u>hole</u>
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING <u>Full</u>
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE <u>4 BPM</u>

REMARKS: Establish Circulation thru Drill pipe. Spot 10 SKS Cement @ TD. Pull drill pipe to 500' Spot 10 SKS Cement. Pull drill pipe to 250' & Fill hole to surface. Pull remaining drill pipe + wash clean. Top off well w/ Cement.

72 SKS 50/50 Poz Mix Cement w/ 6% Gel. Total

Hot Drilling
Rig Supplied water.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE <u>Plug</u>		925 ⁰⁰
5406	80	MILEAGE <u>Pump Truck</u>		292 ⁰⁰
5407	Minimum	<u>Ton Miles</u>		315 ⁰⁰
1124	68 SKS	50/50 Poz Mix Cement		669 ¹²
1118B	363 [#]	Premium Gel.		72 ⁶⁰
				7.3%
			SALES TAX	5415
			ESTIMATED TOTAL	2327 ⁶⁷

WD# 235608

Ravin 3737
 AUTHORIZATION No. Co Rep on Site 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.