



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 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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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DRILL LOG

Operator License # 34610 API # 15-107-24787-00-00
 Operator People's Oil, LLC Lease Name Cox
 Address 928 W. 4th Street Well # 31
Ottawa, KS 66067
 Contractor JTC Oil, Inc. Spud Date 6/10/13 Cement 6/12/13
 Contractor License 32834 Location _____ of _____
 T.D. 620 T.D. of Pipe 590 _____ feet from _____
 Surf. Pipe Size 7" Depth 20' _____ feet from _____
 Kind of Well Production County Linn

Thickness	Strata	From	To	Thickness	Strata	From	To
4	Clay Dirt	0	4	8	Lime	286	294
11	Sand Stone	4	15	9	Shale	294	303
7	Shale	15	22	14	Lime	303	317
11	Lime	22	33	48	Shale	317	365
8	Shale	33	41	5	Sand	365	370
32	Lime	41	73	2	Shale	370	372
9	Shale	73	82	10	Lime	372	382
23	Lime	82	105	14	Shale	382	396
5	Shale	105	110	4	Lime	396	400
12	Lime	110	122	30	Shale	400	430
164	Shale	122	286	10	Lime	430	440

	13	Shale	440	453
	7	Lime	453	460
	4	Coal	460	464
	8	Shale	464	472
	3	Lime	472	475
	39	Shale	475	514
	4	Top	514 – 518	Very Little Oil
	2	Oil	518	520 Little
	2	Ok	520	522
	2	Ok	522	524
	2	Good	524	526
	2	Good	526	528
	2	Good	528	530
	2	Good	530	532
	2	Good	532	534
	2	Very Good	534	536
	2	Very Good	536	538
	2	Very Good	538	540
	2	Ok	540	542
	2	Ok	542	544
	21	Shale	544	565
	3	Lime	565	568
	52	Shale	568	620



CONSOLIDATED
Oil Well Services, LLC

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

259573

TICKET NUMBER 41989
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-18-13	1124	Cox # 31	NW 21	20	22	LN
CUSTOMER A G O.I			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 300 SE 21st St			712	Fred Mader		
CITY STATE ZIP CODE Topeka KS 66605			495	Harold		
			369	Dermas		
			510	Sam Tice		

JOB TYPE Log Drilling HOLE SIZE 6 HOLE DEPTH 620 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 595 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" plug
DISPLACEMENT 3.43 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Hold crew meeting. Establish pump rates. Mix Pump 100% Gel Flush. Mix Pump 50/50 Per Mix Cement 2 1/2 Gal. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber Plug to casing to pressure to 700* PSI. Release pressure to Salt Float Valve. Shut in casing.

JTC Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	-	MILEAGE		NIC
5402	590'	Casing footage		NIC
5407	1/2 minimum	Tax Miles	510	184 ⁴⁰
5502C	1 1/2 hr	90 BBL Vac Truck	369	135 ⁰⁰
1124	785Ks	50/50 Per Mix Cement		897 ⁰⁰
1158	231 #	Premium Gel		50 ⁸²
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
SALES TAX ESTIMATED TOTAL				61 ⁵⁷ 2442 ⁸⁹

Flavin 3737

AUTHORIZATION Andrew Ray 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.