

1198018

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 45018
LOCATION Eureka
FOREMAN Steve Head

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

FIELD TICKET & TREATMENT REPORT

CEMENT APP 15-049-22578

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-4-13	7263	Williams #3	8	31	10	EIK
CUSTOMER R & W Energy			TRUCK #		DRIVER	
MAILING ADDRESS P.O. Box 427			485		Alan m	
CITY Madison			667		Merle	
STATE KS			ZIP CODE 66860			

JOB TYPE Surface 0 HOLE SIZE 12 1/4 HOLE DEPTH 52' CASING SIZE & WEIGHT 8 3/4
 CASING DEPTH 42' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 2 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 3/4 casing. Break circulation w/ fresh water. Mix 45 sks Class A Cement w/ 3% Cacl2, 2% Gel. Displace w/ 2 1/2 bbls fresh water. Shut well in. Good cement returns to surface. Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE	870.00	870.00
5406	30	MILEAGE	4.20	126.00
11045	45 sks	Class A Cement	15.70	706.50
1102	125 ⁺	Cacl2 3%	.78	97.50
1118B	85 ⁺	Gel 2%	.22	18.70
5407	212 Ton	Ton Mileage Bulk Trucks	MISC	368.00
			Subtotal	2186.70
			SALES TAX	58.83
			ESTIMATED TOTAL	2245.53

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AUTHORIZATION Cotton 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

TICKET NUMBER 43572

LOCATION Fowler

FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API # 15-049-22578

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-7-13	7263	Williams # 3	2	31	10	ETX
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE 1/3 0 HOLE SIZE 7 7/8" HOLE DEPTH 2120' CASING SIZE & WEIGHT 5 1/2" 17#
 CASING DEPTH 2111 c.i. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 126"-136" SLURRY VOL 103 Bbl WATER gal/sk 80-90 CEMENT LEFT in CASING 1360 ST
 DISPLACEMENT 49 Bbl DISPLACEMENT PSI 900 MIX PSI 1400 Bump plus RATE _____

REMARKS: Safety meeting. Rig up to 5 1/2" casing. Break circulation w/ 10 Bbl fresh water. Mixed 250 sbs (60/40 Perm cement w/ 8% gel) + 1# phenoseal/sk @ 126"/gal. Tail in w/ 85 sbs thickset cement w/ 5# Kal-seal/sk + 1# phenoseal/sk @ 136"/gal. Washout pump + lines release latch down plug. Displace w/ 49 Bbl fresh water. Final pump pressure 900 PSI Bump plug to 1400 PSI release pressure, flood + plug held. Good cement returns to surface = 10 Bbl slurry to pit. Job complete. Rig down.

Cont-1/4/15

"THANK YOU"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	30	MILEAGE	4.20	126.00
1131	250 sbs	60/40 Perm cement	13.18	3295.00
1117B	1720#	8% gel	.22	378.40
1100A	250#	1# phenoseal/sk	1.35	337.50
1126A	85 sbs	thickset cement	20.16	1713.60
1110A	425#	5# Kal-seal/sk	0.46	195.50
1100A	85#	1# phenoseal/sk	1.35	114.75
5407A	15.42	tan mileage bulk tax	1.41	652.27
4130	4	5 1/2" centralizers	50.50	202.00
4203	1	5 1/2" Guide shoe	168.00	168.00
4228B	1	5 1/2" ATFV insert	180.75	180.75
4454	1	5 1/2" latch down plug	266.75	266.75
			7.15%	
			subtotal	8715.52
			SALES TAX	489.94
			ESTIMATED TOTAL	9205.46

Revin 3737

AUTHORIZATION [Signature] TITLE Asst. T. DATE _____

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LOCATION Fulena

FOREMAN Rick Ledford

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