

1200861

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

REMIT TO
FINV
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 # 266289

Invoice Date: 02/28/2014 Terms: 0/0/30,n/30

Page 1

D.E. EXPLORATION
DOUG EVANS
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

WEBB A R ~~6~~ RI-6
42661
NW 10-23-16
02-28-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	40.00	11.5000	460.00
1118B	PREMIUM GEL / BENTONITE	268.00	.2200	58.96
1111	SODIUM CHLORIDE (GRANULA	78.00	.3900	30.42
1110A	KOL SEAL (50# BAG)	200.00	.4600	92.00

Description	Hours	Unit Price	Total
495 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	.00
495 CASING FOOTAGE	40.00	.00	.00
515 TON MILEAGE DELIVERY	93.00	1.41	131.13
637 80 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00

Parts:	641.38	Freight:	.00	Tax:	39.45	AR	1816.96
Labor:	.00	Misc:	.00	Total:	1816.96		
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



CONSOLIDATED
Oil Well Services, LLC

266289

TICKET NUMBER 42661
LOCATION Ottawa KS
FOREMAN Fred Maden

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
2.28.14	2355	Webb "A" R-6	NW 10	23	16	CF
CUSTOMER D E Exploration			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P. O. Box 128			712	Fred Maden		
CITY Wellsville			455	Ki Car		
STATE KS			637	Jim Mea		
ZIP CODE 66092			515	Kol Nob		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 7"
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10'
 DISPLACEMENT 1.75 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish circulation thro 7" casing.
Mix + Pump 40 S#5 50/50 Poz Mix - Low 7.20 Gel 5% Salt 5#0
Kol Seal/st. Cement to surface. ~~40~~ Displace 7" casing
clean w/ 1.75 BBL water. Shut in casing

Supplied Rig w/ 200# Premium Gel

Fred Maden

Finney Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE Surface Cement		870.00
5406	-	MILEAGE		N/C
5402	40	Casing footage		N/C
5407A	93	Ton Miles	515	131.13
5502C	1 1/2 hr	80 BBL Vac Truck	637	135.00
1124	40 S#5	50/50 Poz Mix Cement		460.00
1116A	268#	Premium Gel	58.96	15806
1111	75#	Granulated Salt		30.42
1110A	200#	Kol Seal		92.00
<u>Total</u>				1777.51
<input checked="" type="checkbox"/> completed				
6.15%				39.45
SALES TAX ESTIMATED TOTAL				1816.96

RAVIN 3737 AUTHORIZATION Hon Jr 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 fo



CONSOLIDATED
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~~FINV~~
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INVOICE

Invoice # 266336

Invoice Date: 03/10/2014 Terms: 0/30/10,n/30

Page 1

D.E. EXPLORATION
DOUG EVANS
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

WEBB A RI-6
42657
NW 11-23-16
03-05-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	141.00	11.5000	1621.50
1118B	PREMIUM GEL / BENTONITE	337.00	.2200	74.14
1111	SODIUM CHLORIDE (GRANULA	272.00	.3900	106.08
1110A	KOL SEAL (50# BAG)	705.00	.4600	324.30
4402	2 1/2" RUBBER PLUG	2.00	29.5000	59.00
Sublet Performed				
9996-120	CEMENT MATERIAL DISCOUNT			-637.81
Description				
368	CEMENT PUMP	1.00	1085.00	1085.00
368	EQUIPMENT MILEAGE (ONE WAY)	50.00	4.20	210.00
368	CASING FOOTAGE	1070.00	.00	.00
369	80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
510	TON MILEAGE DELIVERY	1.00	462.23	462.23

Amount Due 4276.62 if paid after 03/20/2014

Parts:	2185.02	Freight:	.00	Tax:	95.14	AR	3599.58
Labor:	.00	Misc:	.00	Total:	3599.58		
Sublt:	-637.81	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
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307/686-4914

CUSHING, OK
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CONSOLIDATED
Oil Well Services, LLC

266336

TICKET NUMBER 42657
LOCATION Ottawa
FOREMAN Alan Madar

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
3-5-14	2355	Webb 'A'	RI-6	NW 11	23	CR
CUSTOMER D.E. Exploration			TRUCK #			
MAILING ADDRESS P.O. Box 128			DRIVER			
CITY Wellsville			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66092			TRUCK #			
JOB TYPE <u>long string</u>			DRIVER			
HOLE SIZE <u>5 5/8</u>			TRUCK #			
HOLE DEPTH <u>1080</u>			DRIVER			
CASING DEPTH <u>1070</u>			TRUCK #			
DRILL PIPE			DRIVER			
TUBING			TRUCK #			
OTHER <u>bathe</u>			DRIVER			
SLURRY WEIGHT			TRUCK #			
SLURRY VOL			DRIVER			
WATER gal/sk			TRUCK #			
CEMENT LEFT in CASING <u>yes</u>			DRIVER			
DISPLACEMENT <u>6.2</u>			TRUCK #			
DISPLACEMENT PSI <u>800</u>			DRIVER			
MIX PSI <u>800</u>			TRUCK #			
RATE <u>4 bpm</u>			DRIVER			
REMARKS: <u>Held meeting. Established rate down casing. Mixed and pumped 100 gal gel to flush hole followed by 141 sk 50/50 cement plus 270 gal salt, 5 gal hole seal per sack. Circulated cement. Flushed pump. Pumped plug casing. TD. Well held 800 PSI. Set float. Closed valve.</u>						

Finney

Alan Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1080
5706	50	MILEAGE	368	212.00
5402	1070'	casing footage	368	1
5407A	327.83	ton miles	570	462.23
5302C	2	80 vac	369	200.00
1124	141	50/50 cement		1621.50
1118B	337	gel		74.74
1111	272	salt		106.08
1110A	705	hole seal		324.30
4402	2	2 1/2 plug		59.00
Less 30%				
Material total				4142.25
				-637.81
				3504.44
SALES TAX				95.14
ESTIMATED TOTAL				3599.58



completed

Form 3737

AUTHORIZATION Alan Finney 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.