

1203121

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> _____	PRODUCTION INTERVAL: _____ _____
--	--	---



CONSOLIDATED
Oil Well Services, LLC

266434

TICKET NUMBER 43825

LOCATION 180

FOREMAN Jeff Shell

PO Box 884, Chanute, KS 66720
20-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-115-21471-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
3/8/14	1070	Shields #3	33	17	4	Marion	
CUSTOMER		TRUCK #					
Arbuckle Energy inc		446	Jeremy M				
MAILING ADDRESS		DRIVER					
5+E. 305 300 W. Douglas		491	Dustin K				
CITY	STATE	ZIP CODE	TRUCK #				
Wichita	KS	67202	539	Jeff S			

JOB TYPE Longstring B HOLE SIZE 7 7/8 HOLE DEPTH 2614 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 2595 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 31.2 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 61.76 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, brake circ. ^{16m³} Pumped 120SKS class A cement
3% gel 2% calcium 5% KOI seal displaced plug down with 61 3/4
60lt freshwater

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	53	MILEAGE	4.20	222.60
1104S	120SKS	class A cement	15.70	1884.00
1118B	360lbs	gel	.22	79.20
1102	192lbs	calcium	.78	149.76
1110A	600lbs	KOI seal	.46	276.00
5407A	6 ton	Tan Mileage Delivery	1.41	448.38
4130	5	5 1/2 centralizers	50.50	252.50
4159	1	5 1/2 AFU Float Shoe	361.00	361.00
4454	1	5 1/2 latch down plug	266.75	266.75
			Subtotal	5025.19
			minus Discount	716.69
			subtotal	4308.50
			SALES TAX	195.28
			ESTIMATED TOTAL	4503.78

completed

AUTHORIZATION Michal C. [Signature] TITLE R.Y. Forman DATE 3-9-14

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
Well Services, LLC

265820

TICKET NUMBER 43806
LOCATION 180
FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-115-21471-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2/2/14	1070	Shields # 3	33	17	4	Marion
CUSTOMER			TRUCK #		DRIVER	
Arbuckle Energy Inc.			446		Jeremy A	
MAILING ADDRESS			681		Dustin K	
Ste 305 300 West Douglas			539		Jeff S	
CITY			STATE		ZIP CODE	
Wichita			KS		67202	

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 218 CASING SIZE & WEIGHT 9 5/8
 CASING DEPTH 205 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 36 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 12.0 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting broke circ. Pumped 150 SKS C-1988 A cement
3% calcium 2% gel 1/2 lb Poly displaced TO surfaced with 12 bbls
fresh water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	870.00	870.00
5406	55	MILEAGE	4.20	231.00
1104S	150 SKS	C/1955 A cement	15.70	2355.00
1102	360 lbs	Calcium chloride	.78	280.80
1118B	300 lbs	Gel	.22	66.00
1107	75 lbs	Polyflake	2.47	185.25
5407A	7 Ton	Ton Mileage delivery	1.41	542.85
5404	3 hrs	Personnel standby on location ^{90.00}	270.00	810.00
			Subtotal	5340.90
			SALES TAX	220.86
			ESTIMATED TOTAL	5561.76

completed

AUTHORIZATION Albert Cooper TITLE VP operations 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.