



1237678

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 <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 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
<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
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 # 270962

Invoice Date: 09/11/2014 Terms: 0/30/10,n/30 Page 1

PETROLEUM RESOURCE MGMT CO
675 BERING DRIVE, SUITE 675
HOUSTON TX 77057
(281)482-1032

HAMMON I-3-14 ✓
46036
09/05/2014
KS

Part Number	Description	Qty	Unit Price	Total
4402	2 1/2" RUBBER PLUG	2.00	29.5000	59.00
1131	60/40 POZ MIX	140.00	13.1800	1845.20
1118B	PREMIUM GEL / BENTONITE	500.00	.2200	110.00
1118B	PREMIUM GEL / BENTONITE	200.00	.2200	44.00
1107A	PHENOSEAL (M) 40# BAG)	120.00	1.3500	162.00
1110A	KOL SEAL (50# BAG)	700.00	.4600	322.00
1102	CALCIUM CHLORIDE (50#)	100.00	.7800	78.00
1123	CITY WATER	3000.00	.0173	51.90

Sublet Performed	Description	Total
9996-170	CEMENT MATERIAL DISCOUNT	-768.30

Description	Hours	Unit Price	Total
445 80 BBL VACUUM TRUCK	2.00	90.00	180.00
637 CEMENT PUMP	1.00	1085.00	1085.00
637 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
667 MIN. BULK DELIVERY	1.00	368.00	368.00

See 9-15-14
2501-007 Cement 2 3/8" casing

Amount Due 4685.16 if paid after 09/21/2014

Parts:	2672.10	Freight:	.00	Tax:	136.13	AR	3861.93
Labor:	.00	Misc:	.00	Total:	3861.93		
Sublt:	-768.30	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
OIL SERVICES, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 46036
LOCATION Eureka KS
FOREMAN Jeremy R Austin

270962

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-5-14	6237	I-3-14 Harmon				Woodson
CUSTOMER <u>Petroleum management Resources</u>						
MAILING ADDRESS						
CITY						
STATE						
ZIP CODE						

TRUCK #	DRIVER	TRUCK #	DRIVER
640	Jeremy		
637	Renee		
667	Jeff		
445	Brent		

JOB TYPE L/S HOLE SIZE 5 5/8 HOLE DEPTH 1122 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 1118 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6 SLURRY VOL _____ WATER gal/sk 6.8 CEMENT LEFT in CASING _____
 DISPLACEMENT 6.4 DISPLACEMENT PSI 300 MIX PSI 200 RATE _____

REMARKS: Safety meeting
hooked up to 2 7/8 tubing broke circulation then ran 200# Cool sweep then
ran 5 bbl fresh water then ran 140 sks of 60/40 4% Cement Cool Cement to
surface shut down washed pump & lines stuffed 2-2 7/8 rubber Plugs in tubing
And displaced 6.4 bbl of fresh water displaced plugs @ 300 psi and landed
Plugs @ 1100 psi returned back to 500 psi and shut in wash trucks hauled to shop

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
59401	1	PUMP CHARGE		1085.00 ✓
59406	45 miles	MILEAGE		189.00 ✓
59407	1	min. bulk delivery		368.00 ✓
5502	2 HOS	80 DMC		180.00 ✓
44402	2-2 7/8	Rubber Plugs		59.00 ✓
1131	140 sks	60/40 4% Cement		1945.00 ✓
111813	500 #	Cool		110.00 ✓
111813	200 #	Cool Sweep		44.00 ✓
1107A	120 #	Pheno		162.00 ✓
1110A	700 #	Kolseal		322.00 ✓
1102	100 #	CC		78.00 ✓
1123	3000 Cool	City water		57.90 ✓
				4494.10
		30% Discount		-768.30
		7.15% SALES TAX		132.13
		ESTIMATED TOTAL		3861.93 ✓

Revin 3737
 AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's