

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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CONSOLIDATED
OF WVA Services, LLC

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

4256
4172

TICKET NUMBER 49798
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-17-15	4807	Fuller 60-WSW-1	NW 33	23	16	WDB
CUSTOMER			TRUCK #			
Lakershore			DRIVER			
MAILING ADDRESS			TRUCK #			
340 S. Laura			DRIVER			
CITY			TRUCK #			
Wichita			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
67211			DRIVER			
JOB TYPE <u>long string</u>			HOLE SIZE <u>6 3/4</u>			
CASING DEPTH <u>646</u>			HOLE DEPTH <u>650</u>			
SLURRY WEIGHT			CASING SIZE & WEIGHT <u>4 1/2</u>			
SLURRY VOL			OTHER			
DISPLACEMENT <u>10.1</u>			WATER gal/sk			
DISPLACEMENT PSI <u>800</u>			CEMENT LEFT in CASING <u>yes</u>			
MIX PSI <u>200</u>			RATE <u>4 bpm</u>			
REMARKS: <u>Hold meeting. Established rate. Mixed & pumped 100# gel followed by 5 bbl dye marker. Mixed & pumped 75 sk Poz Blend II-A plus 4% gel, 5# Kol seal, 1# Phen seal per sack. Circulated cement dye. Flushed pump & released plug. Pumped plug to casing TD. Well held 800 PSI. Set float. Circulated 5 bbl cement returns.</u>						

Zack

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE04572	1	PUMP CHARGE	368	1500.00
CE0002	40	MILEAGE	368	286.40
CE 6711	min	ten miles	503	660.00
WE0853	3	80 vac	369	300.00
		Sub		2746.00
		LESS 39%		1070.94
6244 CL5842A	75	Poz Blend II-A		1106.25
CL5965	358#	gel		107.40
CL6077	375	Kol seal		187.50
CL6079	75	Phen seal		101.25
CP8178	1	4 1/2 plug		75.00
		Sub		1577.40
		LESS 39%		615.19
				962.21
				7.5
			SALES TAX	72.16
			ESTIMATED TOTAL	2709.48

SCANNED

Flavin 3737

AUTHORIZATION [Signature] TITLE _____ DATE (4441.71)

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.