

Operator Name: mark george Lease Name: beard Well #: 12
 Sec. 29 Twp. 22 S. R. 16 East West County: coffey

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) 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
surface	12	7		40	portland	20	
casing	5 5/8	2 7/8		1062	owc	141	

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	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 # 228932

Invoice Date: 02/28/2009 Terms:

Page 1

GEORGE, MARK
817 C STREET
LEROY KS 66857
(620)363-0250

BEARD 12
29-22-16
19997
02/26/09

Part Number	Description	Qty	Unit Price	Total
1107A	PHENOSEAL (M) 40# BAG	71.00	1.0800	76.68
1118B	PREMIUM GEL / BENTONITE	100.00	.1600	16.00
1126	OIL WELL CEMENT	141.00	16.0000	2256.00
4402	2 1/2" RUBBER PLUG	1.00	22.0000	22.00

Description	Hours	Unit Price	Total
164 CEMENT PUMP	1.00	870.00	870.00
164 EQUIPMENT MILEAGE (ONE WAY)	50.00	3.45	172.50
164 CASING FOOTAGE	1062.00	.00	.00
503 TON MILEAGE DELIVERY	1.00	387.09	387.09

RECEIVED
NOV 10 2009
KCC WICHITA

Parts:	2370.68	Freight:	.00	Tax:	125.65	AR	3925.92
Labor:	.00	Misc:	.00	Total:	3925.92		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



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