

OIL & GAS CONSERVATION DIVISION

Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32085	API No. 15 - 091-23564-00-00
Name: Vernon C. Thomas	Spot Description:
Address 1: 17685 Edgerton rd	SENESESW Sec. 30 Twp. 14 S. R. 22 East West
Address 2:	850 □ North / South Line of Section
City: Edgerton State: KS Zip: 66021 +	2885 Feet from Fast / West Line of Section
Contact Person: Vernon C. Thomas	Footages Calculated from Nearest Outside Section Corner:
Phone: (913) 893-6544	
Phone: ()	□NE □NW □SE ☑SW
CONTRACTOR: License # 8509	County: Johnson Thomas I-1
Name: Scott Evans	Lease Name: Thomas Well #: I-1
Wellsite Geologist: NA	Field Name:
Purchaser:	Producing Formation: Bartlesville
Designate Type of Completion:	Elevation: Ground: 1061 Kelly Bushing: 1061
✓ New Well Re-Entry Workover	Total Depth: 953' Plug Back Total Depth: 943.45
	Amount of Surface Pipe Set and Cemented at: 72.5
OII WSW SWD SIOW	##ultimba Chana Companion College Hand 2
☐ Gas ☐ D&A ☑ ENHR ☐ SIGW	Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
☐ OG ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane)	If yes, show depth set: Feet
☐ CM (Coal Bed Methane) ☐ Cathodic ☐ Other (Core, Expl., etc.):	If Alternate II completion, cement circulated from:
Cathoole Uner (core, expt., etc.).	
If Workover/Re-entry: Old Well Into as follows: NOV 04 2011	
Operator: KCC WICHTA	Drilling Fluid Management Plan
Well Name:	(Data must be collected from the Reserve Pit)
Original Total Depth:	Chloride content: 0 ppm Fluid volume: 20 bbls
☐ Deepening ☐ Re-perf. ☐ Corrv. to ENHR ☐ Corrv. to SWD	Dewatering method used: Evaporated
Conv. to GSW	
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R
ENHR Permit #:	
GSW Permit #:	County: Permit #:
9/30/11 10/4/11 10/4/11	
Spud Date or Date Reached TD Completion Date or Recompletion Date	
INSTRUCTIONS: An original and two copies of this form shall be filed with Kansas 67202, within 120 days of the spud date, recompletion, workover or co of side two of this form will be held confidential for a period of 12 months if requiality in excess of 12 months). One copy of all wireline logs and geologist we BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 for	onversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information uested in writing and submitted with the form (see rule 82-3-107 for confidentil report shall be attached with this form. ALL CEMENTING TICKETS MUST
AFFIDAVIT	KCC Office Use ONLY
I am the affiant and I hereby certify that all requirements of the statutes, rules and r	" Letter of Conflicted the December
lations promulgated to regulate the oil and gas industry have been fully complied and the statements herein are complete and correct to the best of my knowledge	with the second
and the statements herein are complete and contest to the design thy knowledg	Confidential Release Date:
(Menson 1 - 11 man 1	Wireline Log Received
Signature: ////////////////////////////////////	Geologist Report Received
President 10-26-11	UIC Distribution Alt Z - Dig - 11/14/11
11000011	6 '

Operator Name: Vernon C. Thomas				Lease Name: Thomas				well #: _I-1		
Sec. 30 Twp.14 S. R.22					,: Johr					
INSTRUCTIONS: Stime tool open and clinecovery, and flow ratiline Logs surveyed.	osed, flowing and shi tes if gas to surface t	ut-in pressu est, along v	res, whether s vith final chart(hut-in pres	sure rea	ched static leve	I, hydrostatic press	ures, bottom	hole temp	erature, fluid
Drill Stem Tests Take	• •	Ye	s V No		PL	og Formati	on (Top), Depth an	d Datum		Sample
Samples Sent to Geo	,	☐ Ye	s 🗹 No		Nam	e		Тор		Datum
Electric Log Run			s 🗌 No		Bartlesville 90			907'	+	154
List All E. Logs Run:										
		· "		RECORD	V N∈	_				<u> </u>
Purpose of String	Size Hole	Siz	e Casing	Wei	ight	ermediate, produc Setting	tion, etc. Type of	# Sacks	Туре	and Percent
Surface	9.875"	Set	(In O.D.)	20	/ Ft.	72.5	Portland Portland	Used 30	Additives	
Production	5.625"	2.875"			50/50 poz	145	see ticket			
	0.020					0 10.10			300 1	ionot .
L	<u>.</u>	<u> </u>	ADDITIONAL	. CEMENTI	NG / SQL	JEEZE RECORI	·	<u> </u>	1	
Purpose: —— Perforate	Depth Top Bottom	Type of Cernent		# Sacks Used			Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone									,	
Shots Per Foot			D - Bridge Plug		···-		acture, Shot, Cement		ord	
3	907'-912', 16			· · · · ·		(/	Amount and Kind of Ma			Depth
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							NOV 0 4 2 KCC WICH	<u> </u>		
							VOC MICH	ITA		
TUBING RECORD:	Size:	Set At:		Packer A	ıt:	Liner Run:	Yes No			L
Date of First, Resumed	Production, SWD or El	NHR.	Producing Meth	nod:	ng []	Gas Lift	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate			ias-Oil Ratio		Gravity
☐ Vented ☐ Sok	ON OF GAS: Used on Lease		_	METHOD OF		Comp. Co	ommingled bmit ACO-4)	PRODUCT	ION INTER	VAL:



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		
Invoice Date:	09/30/2011	Terms:	0/0/30),n/30			Page	1 1
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Part Number	Descri 50/50	ption			Qty	Unit Price	e	Tota:
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1118B	PREMIU	M GEL /	BENTO	NITE	52.00	.200	0	10.4
Descripti	ion				Hours	Unit Price	е	Tota
	JMP (SURFACE)					775.0		
368 EQUIPMENT		E WAY)			25.00	4.0	0	100.0
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Sublt:	.00 Supplies			Change:	-	00		
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Signed

Date



LOCATION Oftaway

FOREMAN Alga Mader

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

FIELD TICKET & TREATMENT REPORT

				————	<u>, </u>			
DATE	CUSTOMER#	MELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
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ASING DEPTH		DRILL PIPE		TUBING	· · · · · · · · · · · · · · · · · · ·		OTHER	
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				244	(0,10	1/.	SALES TAX ESTIMATED TOTAL	29.37 17332

account records, at our office, and conditions of service on the back of this form are in effect for services Identified on this form





REMIT TO

Consilidated 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 # 244775

Invoice Date: 10/17/2011 Terms: 0/0/30,n/30 Page 1

MISCELLANEOUS ACCOUNTS VERNON THOMAS 17685 EDGERTON RD EDGERTON KS 66021 THOMAS I-1 32912 SW 30 14 22 JO 10/04/2011 KS

Qty Unit Price Description Part Number Total 1124 50/50 POZ CEMENT MIX 145.00 10.4500 1515.25 .2000 344.00 1118B PREMIUM GEL / BENTONITE 68.80 4402 2 1/2" RUBBER PLUG 1.00 28.0000 28.00 Sublet Performed Description Tota] 9999-120 CASH DISCOUNT -34.67 -28.80 9999-120 CASH DISCOUNT Hours Unit Price Description Tota] CEMENT PUMP 1.00 975.00 975.00 368 4.00 120.00 368 EQUIPMENT MILEAGE (ONE WAY) 30.00 .00 943.00 368 CASING FOOTAGE .0(2.00 90.00 180.00 369 80 BBL VACUUM TRUCK (CEMENT) .50 330.00 165.00 510 MIN. BULK DELIVERY

RECEIVED

NOV 0 4 2011

KCC WICHITA

Parts: 1612.05 Freight: .00 Tax: 121.31 AR 3109.8!

 Parts:
 1612.05 Freight:
 .00 Tax:
 121.31

 Labor:
 .00 Misc:
 .00 Total:
 3109.89

 Sublt:
 -63.47 Supplies:
 .00 Change:
 .00

Signed_____

Date

BARTLESVILLE, OK 918/338-0808 EL DORADO, K8 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-2227 OTTAWA, KS 785/242-4044 THAYER, KS 320/839-5269 GILLETTE, WY 307/686-4914



TICKET NUMBER 32912

LOCATION OFF THE STATE OF THE STATE

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	L WEI	L NAME & NUMI	BER	SECTION	TOVNSHIP	RANGE	COUNTY
10-4-11	9999	Thom	as I-	7	3W30	14	22	ŪD.
CUSTOMER,		T i	•	1	和 医静态管理			
MAILING ADDRE	INDA I	n Doug	<u>s</u>		TRUCK#	DRIVER	TRUCK#	DRIVER
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JOB TYPE		HOLE SIZE	K 7/8] = =====	510 1933	TON M	1 1-1-1	2/2
CASING DEPTH	4	DRILL PIPE	9 70	HOLE DEPTH		CASING SIZE &		13
SLURRY WEIGH		SLURRY VOL		WATER gal/s		CEMENT	OTHER n CASING_1/49	<u> </u>
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ACCOUNT CODE	QUANTTY	or UNITS	DE	SCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
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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.