



**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**AFFIDAVIT**

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

**KCC Office Use ONLY**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1056410

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

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

ENTERED

TICKET NUMBER 30402

LOCATION EUREKA

FOREMAN Kevin McCoy

**FIELD TICKET & TREATMENT REPORT**

**CEMENT API # 15-207-27792**

Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
4-7-11	2027	YOHO # 16	26	23S	16E	Woodson												
CUSTOMER <u>C &amp; S OIL</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>DAVE G.</td> <td></td> <td></td> </tr> <tr> <td>543</td> <td>ALLEN B</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	DAVE G.			543	ALLEN B		
TRUCK #	DRIVER	TRUCK #					DRIVER											
445	DAVE G.																	
543	ALLEN B																	
MAILING ADDRESS <u>P.O. Box 41</u>																		
CITY <u>Neosho Falls</u>	STATE <u>Ks</u>	ZIP CODE <u>66758</u>																

Three Rivers Exphc.

JOB TYPE SURFACE  HOLE SIZE 12 1/4 HOLE DEPTH 45' CASING SIZE & WEIGHT 8 9/8  
 CASING DEPTH 42' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 15" SLURRY VOL 8.5 BBL WATER gal/sk 6.5 CEMENT LEFT in CASING 10'  
 DISPLACEMENT 2.0 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 8 9/8 casing. Break Circulation w/ Fresh water. Mixed 35 SKS Class "A" Cement w/ 3% CACL2, 2% Gel @ 15" / gal. Displaced w/ 2.0 BBL Fresh water. Shut casing in. Good Cement Returns to Surface. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	775.00	775.00
5406	40	MILEAGE	4.00	160.00
1104 S	35 SKS	Class "A" Cement	14.25	498.75
1102	100 "	CACL2 3%	.70 *	70.00
1118 B	65 "	Gel 2%	.20 *	13.00
5407	1,65 Tons	Ton Mileage Bulk Delv.	M/c	330.00
			Sub Total	1846.75
			SALES TAX 7.3%	42.47
			ESTIMATED TOTAL	1889.22

THANK YOU

0410693

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



TICKET NUMBER 30416  
 LOCATION Eureka KS  
 FOREMAN Rick Ledford

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** API # 15-207-27792-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-12-11	00027	Yoho #16	26	235	16E	Woodson
CUSTOMER C+S Oil			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 41			520	John		
CITY Neosho Falls			491 L	Steve (Eldorado)		
STATE KS			479 T	Chris		
ZIP CODE 66758			437	Jim		

JOB TYPE longstring 0 HOLE SIZE 7 7/8" HOLE DEPTH 1763' CASING SIZE & WEIGHT 4 1/2" 11.6"  
 CASING DEPTH 1544' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 12.8"/13.4" SLURRY VOL 71 Bbl WATER gal/sk 8.0-9.0 CEMENT LEFT in CASING 0'  
 DISPLACEMENT 24 Bbl DISPLACEMENT PSI 500 PSI 900 Bump plug RATE \_\_\_\_\_

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Set packer shoe @ 1000 PSI. Pump 5 bbl water ahead. Mixed 210 sks 60/40 Pozmix cement w/ 6% gel + 1/2" phenasol/sk @ 12.8"/gal. Tail in w/ 50 sks O.W.C. cement w/ 5" Katsol/sk + 1/2" phenasol/sk @ 13.4"/gal. Washout pump + lines. Shut down, release rubber plug. Displace w/ 24 Bbl fresh water. Final pump pressure 500 PSI. Bump plug to 900 PSI. wait 2 minutes, release pressure, float & plug held. Good cement returns to surface = 3 bbl slurry to pit. Job complete. Rig down.

"THANK YOU"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	40	MILEAGE	4.00	160.00
1131	210 sks	60/40 Pozmix cement	11.95	2509.50
11188	1080*	6% gel	.20	216.00
1107A	105*	1/2" phenasol/sk	1.22	128.10
1126	50 sks	O.W.C. cement	17.90	895.00
110A	250*	5" Katsol/sk	.44	110.00
1107A	25*	1/2" phenasol/sk	1.22	30.50
5407A	11.63	ten mileage bulk trucks	1.26	584.16
5502C	4 hrs	80 bbl UAC 702	90.00	360.00
1123	3000 gals	city water	15.00/1000	46.80
4404	1	4 1/2" top rubber plug	42.00	42.00
4306	1	thread lock kit	25.00	25.00
4251	1	4 1/2" packer shoe Type A	1323.00	1323.00
4129	2	4 1/2" centralizers	42.00	84.00
4103	2	4 1/2" baskets	218.00	436.00
		Subtotal		7927.06
		SALES TAX 7.3%		426.77
		ESTIMATED TOTAL		8353.83

AUTHORIZATION Rick Ledford TITLE 240729 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.

DRILLERS LOG

DRILLING CONTRACTOR:  
THREE RIVERS EXPLORATION LLC  
#33217

ROBERT CHRISTENSON DBA  
C & S OIL  
PO BOX 41  
NEOSHO FALLS, KS 66758

API NO: 15-207-27792-00-00  
YOHO 16  
SEC. 26, T23S, R16E  
WOODSON CO. KS

SOIL & CLAY	0-25	4-7-11	DRILLED 10" HOLE AND SET 42 ' 8 5/8" SURFACE CASING.
SHALE	25-108		
LIME	108-150	4-7-11	HURRICANE CEMENTED SURFACE CASING WITH 35 SACKS OF QUICK SET
SHALE	150-156		
LIME	156-178	4-8-11	STARTED DRILLING 5 5/8" HOLE,
SHALE	178-212	4-11-11	FINISHED DRILLING T.D 1763'
LIME	212-398		
SHALE W/LIME	398-464		
LIME	464-525		
BLACK SHALE	525-527		
LIME	527-553	LIME	1097-1104
BLACK SHALE	553-555	SHALE	1104-1190
LIME	555-575	LIME	1190-1192
SHALE	575-643	SHALE	1192-1248
LIME	643-667	LIME	1248-1250
SHALE	667-719	SHALE	1250-1280
LIME	719-723	LIME	1280-1285
SHALE	723-743	SHALE	1285-1292
LIME	743-750	LIME	1292-1294
SHALE	750-773	SHALE	1294-1302
LIME	773-782	LIME	1302-1304
SHALE	782-812	SHALE	1304-1330
LIME	812-818	LIME	1330-1450
SHALE	818-829	DOLOMITE	1450-1520
LIME	829-832	SHALE	1520-1530
SHALE	832-842	LIME	1530-1570
LIME	842-856	LIME	1570-1650
SHALE	856-872	DOLOMITE	1650-1680
LIME	872-876	LIME	1680-1715
BLACK SHALE	876-878	LIME	1715-1763
LIME	878-900		
SHALE	900-910	TOTAL DEPTH	1763'
LIME	910-918		
BLACK SHALE	918-920		
LIME	920-927		
SHALE	927-930		
LIME	930-940		
SHALE	940-972		
LIME	972-975		
SHALE	975-1020		
LIME	1020-1022		
SHALE	1022-1033		
BLACK SHALE	1033-1034		
SHALE	1034-1086		
LIME	1086-1091		
SHALE	1091-1097		