



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<br>Recompletion Date | Date Reached TD | Completion Date or<br>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: \_\_\_\_\_



1056623

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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If no, Submit Copy)</i><br><br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|---|---|

| 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<br>_____ Protect Casing<br>_____ Plug Back TD<br>_____ Plug Off Zone |                  |                |              |                            |
|  |                  |                |              |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><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:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i><br><input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL:<br>_____<br>_____ |
|---|---|--|

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025  
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 5031

|   |      |                     |                           |   |                 |             |                          |
|---|------|---------------------|---------------------------|---|-----------------|-------------|--------------------------|
| Date <u>4-8-11</u>                        | Sec. | Twp.                | Range                     | County <u>Barton</u>  | State <u>KS</u> | On Location | Finish <u>11:45 p.m.</u> |
| Lease <u>Hiss</u>                         |      | Well No. <u>SWD</u> |                           | Location <u>Baldy 5 Bldg top 4w 3/25 winto</u>  |                 |             |                          |
| Contractor <u>Trinity Well Service</u>    |      |                     |                           | Owner<br>To Quality Oilwell Cementing, Inc.<br>You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed. |                 |             |                          |
| Type Job <u>Wash Down</u>                 |      |                     |                           | Hole Size   |                 |             |                          |
| Hole Size                                 |      |                     |                           | T.D.  |                 |             |                          |
| Csg. <u>5 1/2</u>                         |      | Depth <u>3590</u>   |                           | Charge To <u>L.B</u>  |                 |             |                          |
| Tbg. Size                                 |      |                     |                           | Depth   |                 |             |                          |
| Tool                                      |      |                     |                           | Depth   |                 |             |                          |
| Cement Left in Csg. <u>45</u>             |      |                     |                           | Shoe Joint <u>45</u>  |                 |             |                          |
| Meas Line                                 |      |                     |                           | Displace <u>84 HBL</u>  |                 |             |                          |
|   |      |                     |                           | Cement Amount Ordered <u>100 Com</u>  |                 |             |                          |
| <b>EQUIPMENT</b>                          |      |                     |                           |   |                 |             |                          |
| Pumptrk                                   | 1    | No.                 | Cement Helper <u>Clay</u> | Common  |                 |             |                          |
| Bulktrk                                   |      | No.                 | Driver <u>Udale</u>       | Poz. Mix  |                 |             |                          |
| Bulktrk                                   | 8    | No.                 | Driver <u>Rocky</u>       | Gel.  |                 |             |                          |
| <b>JOB SERVICES &amp; REMARKS</b>         |      |                     |                           |   |                 |             |                          |
| Remarks:                                  |      |                     |                           | Hulls   |                 |             |                          |
| Rat Hole                                  |      |                     |                           | Salt  |                 |             |                          |
| Mouse Hole                                |      |                     |                           | Flowseal  |                 |             |                          |
| Centralizers                              |      |                     |                           | Kol-Seal  |                 |             |                          |
| Baskets                                   |      |                     |                           | Mud CLR 48  |                 |             |                          |
| D/V or Port Collar                        |      |                     |                           | CFL-117 or CD110 CAF 38   |                 |             |                          |
| <u>5 1/2 set @ 3590 - Insert set 3545</u> |      |                     |                           | Sand  |                 |             |                          |
| <u>Packer shoe @ 1300 ps</u>              |      |                     |                           | Handling  |                 |             |                          |
| <u>Mix 100000 Displace Plug</u>           |      |                     |                           | Mileage   |                 |             |                          |
| <u>Plug Tailrod @ 1600 ps</u>             |      |                     |                           | <b>FLOAT EQUIPMENT</b>  |                 |             |                          |
| <u>Float Hole</u>                         |      |                     |                           | Guide Shoe <u>5 1/2</u>   |                 |             |                          |
|   |      |                     |                           | Centralizer <u>Packer shoe</u>  |                 |             |                          |
|   |      |                     |                           | Baskets <u>1 Basket</u>   |                 |             |                          |
|   |      |                     |                           | AFU Inserts <u>5 Centralizers</u>   |                 |             |                          |
|   |      |                     |                           | Float Shoe <u>Plug</u>  |                 |             |                          |
|   |      |                     |                           | Latch Down <u>Insert</u>  |                 |             |                          |
|   |      |                     |                           | Pumptrk Charge  |                 |             |                          |
|   |      |                     |                           | Mileage   |                 |             |                          |
|   |      |                     |                           | Tax   |                 |             |                          |
|   |      |                     |                           | Discount  |                 |             |                          |
|   |      |                     |                           | Total Charge  |                 |             |                          |
| X Signature <u>[Signature]</u>            |      |                     |                           |   |                 |             |                          |