



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: _____



1060208

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

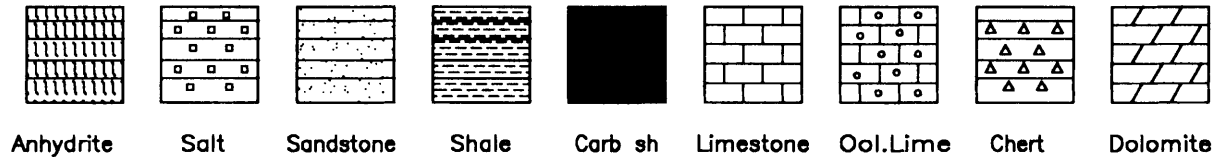
Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

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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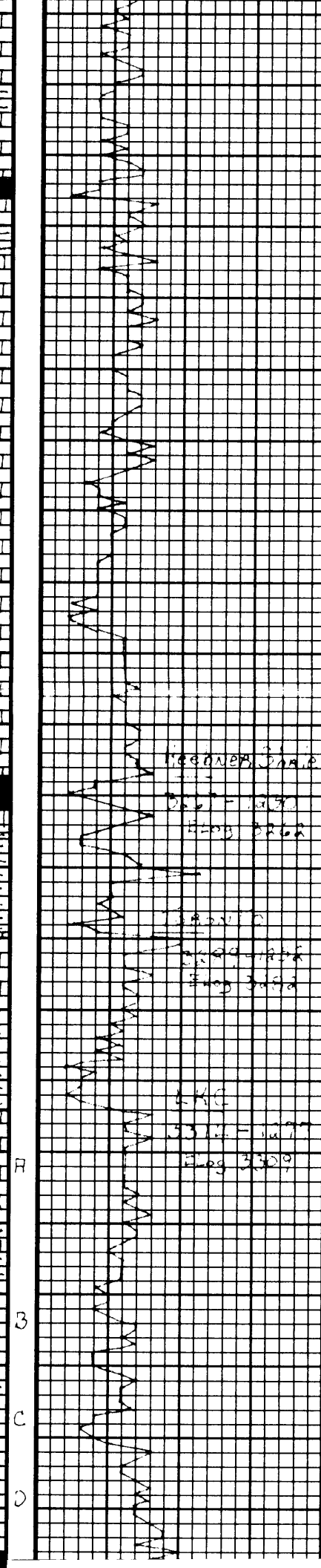
* Structural Position to:

LEGEND



SCALE " = 100'

Drilling time in minutes	DEPTH	Sample Description	Remarks, drill stem tests, etc.
0-10	0-10		
10-20	10-20		
20-30	20-30		
30-40	30-40		
40-50	40-50		
50-60	50-60		
60-70	60-70		
70-80	70-80		
80-90	80-90		
90-100	90-100		
100-110	100-110		
110-120	110-120		
120-130	120-130		
130-140	130-140		
140-150	140-150		
150-160	150-160		
160-170	160-170		
170-180	170-180		
180-190	180-190		
190-200	190-200		
200-210	200-210		
210-220	210-220		
220-230	220-230		
230-240	230-240		
240-250	240-250		
250-260	250-260		
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270-280	270-280		
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350-360	350-360		
360-370	360-370		
370-380	370-380		
380-390	380-390		
390-400	390-400		
400-410	400-410		
410-420	410-420		
420-430	420-430		
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460-470	460-470		
470-480	470-480		
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490-500	490-500		



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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. 4864

Date <u>7/11</u>	Sec. <u>9</u>	Twp. <u>15</u>	Range <u>18</u>	County <u>Ellis</u>	State <u>KS</u>	On Location	Finish <u>7:00 p.m.</u>
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Lease Munsch Well No. 4 Location Horsman LN 1/2W 11th

Contractor Southwind #1 Owner

Type Job Surface To Quality Oilwell Cementing, Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size 12 1/4 T.D. 226 Charge To T.D.I.

Csg. 8 5/8 Depth 223 Street

Tbg. Size Depth City State

Tool Depth

Cement Left in Csg. 15' Shoe Joint The above was done to satisfaction and supervision of owner agent or contractor.

Meas Line Displace 13'4 1/2 Cement Amount Ordered 150 Com 3 1/2 x 2 1/2

EQUIPMENT

Pumptrk No.	Cementer <u>Chris</u>	Common <u>150</u>
	Helper	

Bulktrk <u>5</u> No.	Driver <u>Cory</u>	Poz. Mix
	Driver	

Bulktrk <u>14</u> No.	Driver <u>Mark</u>	Gel. <u>3</u>
	Driver	

JOB SERVICES & REMARKS

Remarks: Calcium 5

Rat Hole Hulls

Mouse Hole Salt

Centralizers Flowseal

Baskets Kol-Seal

D/V or Port Collar Mud CLR 48

Sand CFL-117 or CD110 CAF 38

8 5/8 on bottom. Est. Circulation. Sand

Mix 150 SK + 2 1/2 lbs. Handling 158

Cement Circulated! Mileage

FLOAT EQUIPMENT

Guide Shoe

Centralizer

Baskets

AFU Inserts

Float Shoe 8 5/8 Surface

Latch Down

Pumptrk Charge Surface

Mileage 9

Signature Frank Rene Tax

Discount

Total Charge

JOB LOG

SWIFT Services, Inc.

DATE 07-08-11 PAGE NO. 1

CUSTOMER T.O. I WELL NO. 4 LEASE MUNSH JOB TYPE 2 STAGE TICKET NO. 20216

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1430							DNLOCATION
								CMT; BITTEN 150 EA-2
								TOP 165 SMD
								RTO 3770, SET PIPE 3772, SJ 43.50, INSERT 3746
								5 1/2 14" DI. INTO 61, 1208 FT
								CMT 246.8, 10, 12.4, 63, 76 BASAT 4.15, 61, 77
	15:5							START CSL @ FE
	16:15							TALBOT - JAP BALL
	16:55							BREAK CIRC - ROTATE PIPE
	17:25	5.0	12		-		200	MUD FLUSH 500 GAL
		5	20		-		5	MUD FLUSH
			36.5		-			150 SMD EA-2
								DROPPED PLUG, WASHOUT PL
	1740	6.0	0		-		200	START JUMP 7 H2O
			61		-		300	" " W/MUD
			76		-		500	" " W/MUD FLUSH
			85		-		600	
	1755		90.9		-		700	LAND PLUG, RELEASE DRY
								DROP DV OPENING START
	1800		7.5					PLUG RH 30, MH 15
	1814				✓		1000	OPEN D.V., CIRC CIRC.
	1815	5.0	0		-		200	START SMD
		5	69		-		5	END
								DROP DV CLOSING PLUG
	1825	6.0	0		-		200	START JUMP
			10.0		-		5	
			23.0		-		350	CIRC CMT TO PIT! 20 SMD
	1830		29.6		-		1500	LAND & CLOSE D.V. 20 SMD
								RELEASE DRY
	1915							JOB COMPLETE
								THANK YOU!
								DAVE, JOSH & JOE

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 26, 2011

TDI, Inc.
1310 BISON RD
HAYS, KS 67601-9696

Re: ACO1
API 15-051-26136-00-00
Munsch 4
SE/4 Sec.09-15S-18W
Ellis County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Tom Denning

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

January 10, 2012

Tom Denning
TDI, Inc.
1310 BISON RD
HAYS, KS 67601-9696

Re: ACO-1
API 15-051-26136-00-00
Munsch 4
SE/4 Sec.09-15S-18W
Ellis County, Kansas

Dear Tom Denning:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 7/1/2011 and the ACO-1 was received on January 10, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department