



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: _____



1062036

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., LLC. 33877

Federal Tax I.D.# 20-5975804

REMIT TO: P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell KS

DATE <u>3-13-10</u>	SEC <u>30</u>	TWP. <u>14</u>	RANGE <u>12</u>	CALLED OUT	ON LOCATION	JOB START <u>7:30 am</u>	JOB FINISH <u>4:15 am</u>
<u>Sunday 11:45 am</u> DATE		WELL # <u>26</u>		LOCATION <u>Bunker Hill KS Search to Dead</u>		COUNTY <u>Russell</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)				<u>End 1 East 1/2 North</u>			

CONTRACTOR Round Drilling Rig #2

TYPE OF JOB Production String

HOLE SIZE 7 7/8 T.D.

CASING SIZE 5 1/2 15.5 # DEPTH 3205.83

TRIPPING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PIPE MAX MINIMUM

MEAS. LINE SHOE JOINT 17.97'

CEMENT LEFT IN CSG. 17.97'

OWNER _____

CEMENT AMOUNT ORDERED 150 @ 10 6 1/2 Gal

150 @ 10 1/2 Salt 2 1/2 Gal

DISPLACEMENT Insert @ 3182.86 75.87 Bbl

EQUIPMENT

BULK TRUCK # 313 CEMENTER John Roberts
HELPER Glenn

BULK TRUCK # 22/112 DRIVER Alvin

BULK TRUCK # _____ DRIVER _____

COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING	@	
MILEAGE	@	

REMARKS:

Run 72 Hr 5 1/2 15.5 # casing 3205.83'

Insert @ 3182.86' Est. Circulation

and circulate 30 min on bottom Plug

at hole w/ 30sk + Mouse hole 15 sk cement

and 10sk lead + 15sk tail cement.

Replace plug w/ 21.81 Bbl H₂O.

and Plug @ 11:00 pm.

Plant Did Not Hold Shut in @ 500 ps.

CHARGE TO: Starr

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL _____

SERVICE

DEPTH OF JOB	
PUMP TRUCK CHARGE	
EXTRA FOOTAGE	@
MILEAGE	@
MANIFOLD	@
	@
	@

TOTAL _____

5 1/2 PLUG & FLOAT EQUIPMENT

Guide shoe	@
Insert	@
4 - Centralizers	@
2 - Cement Baskets	@

To: Allied Cementing Co., LLC.
Work here by request to rent cementing equipment

ALLIED CEMENTING CO., LLC. 33846

Federal Tax I.D.# 20-8975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell KS

DATE <u>9-9-10</u>	SEC. <u>30</u>	TWP. <u>14</u>	RANGE <u>18</u>	CALLED OUT	ON LOCATION	JOB START <u>7:15am</u>	JOB FINISH <u>8:00am</u>
LEAS. <u>Spring Hill Unit</u>		WELL <u>26</u>	LOCATION <u>Bunker Hill, KS South to</u>	COUNTY <u>Russell</u>	STATE <u>KS</u>		
OLD OPER. (Circle one)			<u>Dead End 1 East 1/2 North</u>				

CONTRACTOR Bowl Drilling Rig #2
 TYPE OF JOB Surf
 HOSE SIZE 1 1/2" T.D. 620'
 CANNON SIZE 7/8" DEPTH 620'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX. _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15
 BRIDGE _____
 DISPLACEMENT 38.50 Bbl

OWNER _____
 CEMENT AMOUNT ORDERED 350 Com 3% cc 2% Gel

EQUIPMENT _____
 PUMP TRUCK # 471 CEMENTER John Roberts
 HELPER Matt
 BULK TRUCK # 481 DRIVER Ron
 BULK TRUCK # 491 DRIVER _____

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 HANDLING MILEAGE _____ @ _____

REMARKS:

Circulation
Max 350 sk Cement
Displace w/ 38.5 Bbl H₂O
Cement Did Circulate!

TOTAL _____

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 MANIFOLD _____ @ _____

TOTAL _____

CHARGE TO: Steel
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

8 1/2 Rubber Plug @ _____
 @ _____
 @ _____
 @ _____