



**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: \_\_\_\_\_



1063925

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method:
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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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CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK	DATE	TIME
253607			<i>Eagle 35</i>	NET 10TH OF MONTH		5/9/11	8:44

SCOTT OMENS  
 1274 202 RD  
 YATES CENTER KS 66783

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*Li 25*  
 TERM 1 *30* DOC# 129305  
 \* INVOICE #  
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TAX : 001 TOLA TOLA

SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/PER	EXTENSION
60		EA	PC	PORTLAND CEMENT		60	9.45 /EA	567.00
2		EA	F	PALLETS		2	20.00 /EA	40.00
1		EA	DELIVERY	DELIVERY CHARGE		1	25.00 /EA	25.00

\*\* AMOUNT CHARGED TO STORE ACCOUNT \*\*  
 686.04 TAXABLE 632.00  
 NON-TAXABLE 0.00  
 SUBTOTAL 632.00

**X**  
 RECEIVED BY \_\_\_\_\_

TAX AMOUNT 54.04  
 TOTAL AMOUNT 686.04

FED ID# 48-1214033  
 MC ID# 165290  
 Shop # 620 437-2661  
 Cellular # 620 437-7582  
 Office # 316 685-5908  
 Office Fax # 316-685-5926  
 Shop Address: 3613A Y Road  
 Madison, KS 66860

Hurricane Services, Inc.  
 P.O. Box 782228  
 Wichita, KS 67278-2228

Cement, Acid or Tools  
 Service Ticket

4474

DATE 5-18-11

COUNTY Woodson CITY \_\_\_\_\_

CHARGE TO Owens Petroleum

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

LEASE & WELL NO. Eagle #35 CONTRACTOR \_\_\_\_\_

KIND OF JOB LongString SEC. \_\_\_\_\_ TWP. \_\_\_\_\_ RNG. \_\_\_\_\_

DIR. TO LOC. \_\_\_\_\_ OLD  NEW

Quantity	MATERIAL USED	Serv. Charge	
		750.00	
140 sks	70/30 Pozmix cement	1526.00	
247 lbs	Gel 2%	61.75	
35 lbs	Floccul	64.75	
200 lbs	Gel & Flush Ahead	50.00	
3 hrs	water Truck #105	240.00	
	BULK CHARGE		
6.4 Trk	BULK TRK. MILES	246.40	
35	PUMP TRK. MILES	105.00	
	mileage on Trk #290	52.50	
2	PLUGS 2 7/8" Top Rubber	46.00	
		7.3% SALES TAX	127.64
		TOTAL	3270.04

T.D. 1199'

CSG. SET AT \_\_\_\_\_ VOLUME \_\_\_\_\_

SIZE HOLE 5 7/8"

TBG SET AT 1183' VOLUME 6.85 Bbls.

MAX. PRESS. \_\_\_\_\_

SIZE PIPE 2 7/8"

PLUG DEPTH \_\_\_\_\_

PKER DEPTH \_\_\_\_\_

PLUG USED \_\_\_\_\_

TIME FINISHED \_\_\_\_\_

REMARKS: Rig up to 2 7/8" Tubing, Break circulation with fresh water, 10 Bbl. Gel Flush, circulate Gel around to condition hole, Mixed 140 sks 70/30 Pozmix cement w/ 2% Gel + Floccul, shut down wash out pumps & lines - Release 2 Plugs - Displace Plugs with 6 3/4 Bbls water, Final Pumping at 500 PSI - Bumped Plugs to 1100 PSI - close Tubing in w/ 1100 PSI Good cement returns w/ 3 Bbl. slurry "Thank you"

EQUIPMENT USED

NAME UNIT NO.  
Kelly Kimberlin 201  
Bead Butler

NAME UNIT NO.  
Jerry #203, Delbert #105  
Witnessed by Kyle