



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
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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: _____



1064075

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	9-21-11 17532	CUSTOMER #	Thomas # 4
WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE
		14	28 N10
CUSTOMER	ST Petro leum		
MAILING ADDRESS	1800 S. Sunflower Rd		
CITY	Edgerton		
STATE	KS		
ZIP CODE	66021		

TRUCK #	516	DRIVER	Alan M. Safely
TRUCK #	368	DRIVER	Ken H
TRUCK #	369	DRIVER	Harold B
TRUCK #	558	DRIVER	Keith D
TRUCK #	516	DRIVER	Safely
TRUCK #	516	DRIVER	Meer

JOB TYPE	one string	HOLE SIZE	5 7/8
CASING DEPTH	937	HOLE DEPTH	958
DRILL PIPE		CASING SIZE & WEIGHT	2 7/8
SLURRY WEIGHT	5.1	OTHER	927 bottle
DISPLACEMENT PSI	800	TUBING	
MIX PSI	200	WATER gals/k	
DISPLACEMENT RATE	5 bpm	CEMENT LEFT in CASING	yes

REMARKS: Hold crew meeting. Establish hole. Mixed + pumped 100# gel to finish hole. Mixed + pumped 50/50 poz plus 20 gal of 4# flo seal per sack. Circulated cement. Finished pump. Pumped plug to baffle. Well held 800 PSI. Sea float closed valve

Tom Jeff
Alan Meier

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5402	30	MILEAGE	180.00	180.00
5403	937	CASING footage	330.00	330.00
5407	2	Tool joints	180.00	180.00
5502L	2	80 wt		
1184	159 SK	50/50 poz	126.15	126.15
118B	367#	gel	73.40	73.40
1107	40 #	4# flo seal	88.80	88.80
4402	1	2 7/8 plug	28.00	28.00
		SALES TAX	139.34	139.34
		ESTIMATED TOTAL	3596.09	3596.09

AUTHORIZATION *[Signature]*
DATE _____ TITLE _____
I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's

WELL LOG

Thickness of Strata	Formation	Total Depth
0-18	Soil/Clay	18
12	Shale	30
33	Shale	63
4	Lime	67
3	Shale	70
10	Lime	80
15	Shale	95
38	Lime	133
20	Shale	153
20	Lime	173
12	Shale	185
45	Lime	230
22	Shale	252
9	Lime	261
17	Shale	278
8	Lime	286
6	Shale	292
6	Lime	298
34	Shale	332
2	Lime	334
20	Shale	354
18	Lime	372
5	Shale	377
24	Lime	401
4	Shale	405
11	Lime	416
1	Shale	417
4	Lime	421
190	Shale	611
4	Lime	615
15	Shale	630
60	Shale	690
3	Lime	693
63	Shale	756
10	Sand	766
5	Sandy Shale	771
99	Shale	870
3	Sandy Shale	873
2	Lime	875
4	Shale	879

