



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



1063136

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Russell Oil, Inc.
Well Name	ENOCHS 1
Doc ID	1063136

All Electric Logs Run

DUAL INDUCTION
DUAL COMPENSATED POROSITY
COMPUTER PROCESSED INTERPRETATION
SECTOR BOND LOG
MICRORESISTIVITY

Form	ACO1 - Well Completion
Operator	Russell Oil, Inc.
Well Name	ENOCHS 1
Doc ID	1063136

Tops

Name	Top	Datum
HEEBNER	2473	-937
DOUGLAS SD.	2520	-984
DOUGLAS SH.	2614	-1078
BROWN LIME	2660	-1124
LANSING KC	2691	-1155
STARK SHALE	2993	-1457
BKC	3080	-1544
LABETTE SH	3142	-1606
CHEROKEE SH.	3172	-1636
MISSISSIPPI	3284	-1748
RTD	3385	-1849
LTD	3384	-1848

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

September 12, 2011

LEROY HOLT  
Russell Oil, Inc.  
PO BOX 8050  
EDMOND, OK 73083

Re: ACO1  
API 15-113-21345-00-00  
ENOCHS 1  
NE/4 Sec.19-20S-05W  
McPherson 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,  
LEROY HOLT

Customer Russell Oil, Incorporated	Lease No.	Date 6-3-11
Lease Enochs	Well # 1	
Field Order # 4353	Station Pratt, Kansas	Casing 5 1/2 17lb
		Depth 3378 Feet
Type Job C.N.W. - Longstring	Formation	County McPherson Kansas
		State Kansas
		Legal Description 19-205-5W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2 17lb	Tubing Size 6 1/2	Shots/Ft 125	sacks AA2	Acid 2 with .88	Fluid Loss 2.5%	Rate	Press	ISIP
Depth 3378 Feet	Depth	From 1085	To 25	Pre Pad 25lb/st Cellulose	Max 7lb/st	Wilsonite		5 Min.
Volume 78.4 Bbl.	Volume	From	To 15.3	Pad 1 Gal., 5.46 CU.F	Min 1/stk	1.36 CU.F T/stk		10 Min.
Max Press 1000 P.S.I.	Max Press	From	To	Frac	Avg			15 Min.
Well Connection Fluconainer	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth 3345 Feet	Packer Depth	From	To	Flush 77.6 Bbl.	Gas Volume			Total Load

Customer Representative Stanley Reinhardt	Station Manager David Scott	Treater Clarence R. Messick
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Service Units	37,216	33,708	20,920	19,832	19,862				
Driver Names	Messick	Mattal	Hunter						

Time P.M.	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
12:00					Cementer and Float Equipment on location.
1:00					Trucks on location and hold safety meeting.
1:15					Southwind Drilling start to run Regular Guide Shoe, Shoe Joint with Auto Fill inserts screwed into collar and a total of 77 Joints used <sup>New</sup> <del>total</del> 7 Lb./ft. 5 1/2" casing. A Turbolizer was installed on Collars # 1, 7, 8, 9, 11, 13, 15, 17, 19, 21.
3:20					Casing in well. Circulate and Rotate for
4:30	3000				shut in well. Pressure Test. Open Well.
4:32	200			6	Start Fresh Water Pre-Flush.
			20	6	Start Super Flush II.
			44	5	Start Fresh Water Spacer
5:05	200		47	5	Start mixing 125 sacks AA2 cement.
			77		Stop pumping. Shut in well. Wash pump and lines.
					Release Top Rubber Plug. Open Well.
5:15	100			6.5	start Fresh water Displacement.
			62	5	start to lift cement.
5:30	500		776		Plug down.
	1,600				Pressure up.
					Release pressure. Insert held.
					Plug Rat Hole.
					Wash up pump truck.
6:00					Job Complete.
					Thank You Clarence, Mike, Jr.

# ALLIED CEMENTING CO., LLC. 040206

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge, KS

DATE <u>5-25-11</u>	SEC. <u>19</u>	TWP. <u>20s</u>	RANGE <u>5W</u>	CALLED OUT <u>3:00AM</u>	ON LOCATION <u>7:00AM</u>	JOB START <u>8:00AM</u>	JOB FINISH <u>8:30AM</u>
LEASE <u>Enochs</u>	WELL# <u>1</u>	LOCATION <u>Sterling, KS north to Rd 9</u>			COUNTY <u>McPherson</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)			<u>East to Rd 443, 1 east, 1/2 h, winter</u>				

CONTRACTOR <u>Southwind, KS</u>	OWNER
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>295'</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>295'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>20'</u>	
PERFS.	
DISPLACEMENT <u>18 bbls fresh water</u>	

CEMENT  
AMOUNT ORDERED 180 sk Class A + 3% CC + 2% 601

COMMON <u>class A</u>	<u>180 sk @ 16.25</u>	<u>2925.00</u>
POZMIX	@	
GEL	<u>4 sk @ 21.25</u>	<u>85.00</u>
CHLORIDE	<u>7 sk @ 58.20</u>	<u>407.40</u>
ASC	@	

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Darin F</u>
# <u>360-245</u>	HELPER <u>Ron G</u>
BULK TRUCK	
# <u>363-290</u>	DRIVER <u>Dave F</u>
BULK TRUCK	
#	DRIVER

HANDLING <u>191</u>	@ <u>2.25</u>	<u>429.75</u>
MILEAGE <u>65/191/11</u>		<u>1365.65</u>
TOTAL		<u>5212.80</u>

REMARKS:

Pipoon bottom & break circulation, pump 3 bbls fresh water q here, mix 180 sk of cement, shut down, release plug & start displacement, pump 18 bbls & shut in, cement did circulate

SERVICE

DEPTH OF JOB <u>295'</u>		
PUMP TRUCK CHARGE		<u>1125.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>130</u>	@ <u>7.00</u>	<u>910.00</u>
MANIFOLD	@	
<u>Hesaren + 1</u>	@	<u>200.00</u>
<u>Light Vehicle</u> <u>130</u>	@ <u>4.00</u>	<u>520.00</u>
TOTAL		<u>2755.00</u>

CHARGE TO: Russell Oil Inc.  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

<u>8 5/8</u>		
<u>1-wooden plug</u>	@ <u>82.00</u>	<u>82.00</u>
	@	
	@	
	@	
	@	
TOTAL		<u>82.00</u>

To Allied Cementing Co., LLC.  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME x Robert Stevenson  
SIGNATURE x Robert Stevenson

SALES TAX (If Any) \_\_\_\_\_  
TOTAL CHARGES ~~5212.80~~  
DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS ~~5212.80~~

Thank you!!!