



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: _____



1064621

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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Form	ACO1 - Well Completion
Operator	McQuade, Owen dba Owen's Pumping Service
Well Name	Boxberger A-14
Doc ID	1064621

Tops

Name	Top	Datum
Anhydrite	808	+1020
Grand Haven	2336	-514
Tarkio Lime	2406	-584
Topeka Lime	2674	-852
Heebner Shale	2902	-1080
Lansing-Kansas City	2964	-1142
Base K.C.	3212	-1390
Granite Wash	3224	-1402
Total Depth	3247	-1425

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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	Topeka 2855-60	1500 gal 15% NE	2855
4	Toronto 2922-26	1500 gal 15% NE	2922
4	Kansas City A 2965-68	500 gal 15% NE	2965
4	Kansas City B 2990-92	500 gal 15% NE	2990
4	Kansas City C 3004-3006	500 gal 15% NE	3004
4	Kansas City F 3052-56	did not treat	3052
4	Kansas City J 3153-56	1000 gal 15% NE	3153

ALLIED CEMENTING CO., LLC. 038294

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Russell KS

DATE <u>9-23-2011</u>	SEC. <u>14</u>	TWP. <u>14 S</u>	RANGE <u>14 W</u>	CALLED OUT	ON LOCATION	JOB START <u>8:15 PM</u>	JOB FINISH <u>8:45 PM</u>
LEASE <u>Bob Berger</u>	WELL # <u>A-14</u>		LOCATION <u>Russell KS 3S 34E 14N</u>	COUNTY <u>Russell</u>	STATE <u>KANSAS</u>		
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Royal DRIG. Ry#
 TYPE OF JOB Long SURFACE
 HOLE SIZE 12 1/4 T.D. 437
 CASING SIZE 8 5/8 NEW DEPTH 433
 TUBING SIZE # CSG DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 400# MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT 26 3/4 BBL

OWNER
 CEMENT
 AMOUNT ORDERED 225 sq Com
3% cc
27% Gel
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC @
 HANDLING @
 MILEAGE @

EQUIPMENT

PUMP TRUCK CEMENTER GLEN
 # 417 HELPER WOODY
 BULK TRUCK
 # 328 DRIVER MARK
 BULK TRUCK
 # DRIVER

REMARKS:

Run 10 JTS of New 24# 8 5/8 CSG
Set @ 433' Round Circulation
J. Cement of 225 sq Com 3% 27%
Release Plug + Displace 26 3/4 BBL
Shot in @ 400#
Cement D.D. CIRCULATE
TO SURFACE
THANKS,

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

CHARGE TO: Owen McQuade DBA Pumping Service
 STREET 640 E Sunset Ave
 CITY Russell STATE KS ZIP 67665

PLUG & FLOAT EQUIPMENT

8 5/8 wire Plug @
 @
 @

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. 5210

Date	9/28/11	Sec.	14	Twp.	14	Range	14	County	Russell	State	KS	On Location		Finish	5:30 PM
Lease	Boxberger	Well No.	A-14		Location Russell, 35, 1/2 E, N into										
Contractor	Royal Drilling Rig #1				Owner 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.										
Type Job	Production String				Charge To Owen's Pumping										
Hole Size	7 7/8"		T.D.		3250'										
Csg.	5 1/2" IS.50#		Depth		3206'										
Tbg. Size			Depth												
Tool			Depth												
Cement Left in Csg.	21'		Shoe Joint		21'										
Meas Line			Displace		75 1/4 Bbl.										
Cement Amount Ordered													200 com 10% Salt 5% bitumith		

EQUIPMENT

Pumptrk	9	No.	Cement Helper	Paul	Common
Bulktrk	10	No.	Driver	Matt	Poz. Mix
Bulktrk	AU	No.	Driver	Doug	Gel.

JOB SERVICES & REMARKS

Remarks:		Calcium
Rat Hole	30 sx	Hulls
Mouse Hole	20 sx	Salt
Centralizers	2, 5, 8, 11, 14, 17, 21	Flowseal
Baskets	1, 21	Kol-Seal
D/V or Port Collar		Mud CLR 48 - 300 gal
Est. Circ	1 hour	CFL-117 or CD110 CAF 38
Pump	500 gal Mud CLR - 48	Sand
Plug	Rat / Mouse	Handling
Mix	150 sx down 5 1/2"	Mileage
Displace		5 1/2" FLOAT EQUIPMENT
Land Plug		Guide Shoe
Float Held		Centralizer
		7 - Turbos
		Baskets
		2
		AFU Inserts
		Float Shoe
		1
		Latch Down
		1
		Rotating Head

Thank You!!

X Signature Don McLeach

Tax _____
Discount _____
Total Charge _____