



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: _____



1066488

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

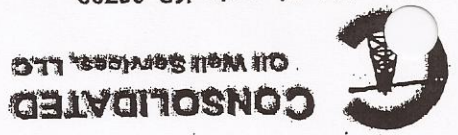
Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

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 (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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WELL LOG

Thickness of Strata	Formation	Total Depth
0-12	Soil/Clay	12
4	Lime	16
39	Shale	55
23	Lime	78
11	Shale	89
36	Lime	125
15	Shale	140
22	Lime	162
6	Shale	168
54	Lime	222
20	Shale	242
9	Lime	251
17	Shale	268
7	Lime	275
10	Shale	285
7	Lime	292
59	Shale	351
14	Lime	365
7	Shale	372
21	Lime	393
3	Shale	396
4	Lime	400
6	Shale	406
6	Hertha	412
178	Shale	590
6	Lime	596
5	Shale	601
9	Lime	610
19	Shale	629
4	Lime	633
7	Shale	640
4	Lime	644
29	Shale	673
12	Lime	685
67	Shale	752
4	Sand	756
2	Sand	758
6	Sand	764
4	Sand	768
6	Shale	774



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	9-23-11	CUSTOMER #	7532	WELL NAME & NUMBER	Thomas #3
COUNTRY	US	RANGE	02	SECTION	NE 99
TOWNSHIP	14	TRUCK #	516	DRIVER	Alan Mader
TRUCK #	516	SAFETY MEET	Alan Mader	DRIVER	Alan Mader

CUSTOMER	ST Petroleum
MAILING ADDRESS	18800 S Sunflower
CITY	Edgerton
STATE	KS
ZIP CODE	66031
JOB TYPE	Long string
HOLE SIZE	5 1/8
CASING DEPTH	932
DRILL PIPE	
SLURRY VOL	
WATER gallek	
MIX PSI	800
DISPLACEMENT	5.36

REMARKS: Held crew meeting. Established rate. Mixed + pumped 100# gel to flush hole followed by 1M2 SK 50/50 poz plus 200 gel and 1/2 floater per sack. Circulated cement. Flusher pump. Tamped plug to baffle. Well held 800 PSI. Set float. Closed valve.

Alan Mader
TOS, Jeff

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		970.00
5406	30	MILEAGE		120.00
5402	532	Casings footage		330.00
5407	M:n	tan m:les		180.00
5502c	2	80 var		1483.90
1124	1M2 SK	50/50 poz		67.80
1183	339#	gel		157.62
1107	91#	fl-o-seal		28.00
M408	2 1/2 plus			
SALES TAX				130.73
ESTIMATED TOTAL				3473.0

AUTHORIZATION: *[Signature]*
TITLE: _____ DATE: _____
I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's acknowledgment at the back of this form are in effect for services identified on this form.