



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



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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**ACKARMAN HARDWARE and LUMBER CO**  
**160 EAST MAIN STREET**  
**SEDAN, KS 67361**

**PHONE: (620) 725-3103**

THANKS FOR YOUR BUSINESS!!

<b>Cust No</b> 253636	<b>Job No</b>	<b>Purchase Order</b>	<b>Reference</b> WINDER	<b>Reference</b> 152	<b>Terms</b> NET 10TH	<b>Clerk</b> SC	<b>Date</b> 9/ 9/11	<b>Time</b> 8:43
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<b>Sold To:</b> JONES & BUCK DEVELOPMENT P. O. BOX 68  SEDAN KS 67361
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<b>Ship To:</b>
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DOC# 205543  
 TERM#553      \*\*DUPLICATE\*\*  
 \* INVOICE \*  
 \*\*\*\*\*

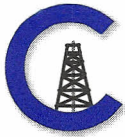
TAX :      001 KANSAS SALES TAX

LN#	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/PER	EXTENSION
1	15		EA	RM44816	PORTLAND CEMENT 92.6#		15	10.95 /EA	164.25

** AMOUNT CHARGED TO STORE ACCOUNT **	180.35	TAXABLE	164.25
(P.J. BUCK )		NON-TAXABLE	0.00
		SUBTOTAL	164.25

TAX AMOUNT	16.10
TOTAL AMOUNT	180.35

**xManual Signature**  
 \_\_\_\_\_  
 Received By



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

MAIN OFFICE  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

INVOICE

Invoice # 244138

Invoice Date: 09/13/2011 Terms: 15/15/30,n/30 Page 1

J. B. D. % P. J. BUCK  
P.O. BOX 68  
SEDAN KS 67361  
(620) 725-3636

JBD WINDER 15-2  
339000127  
09/09/11  
15-34-12  
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	110.00	18.3000	2013.00
1110A	KOL SEAL (50# BAG)	550.00	.4400	242.00
1107A	PHENOSEAL (M) 40# BAG)	80.00	1.2200	97.60
1123	CITY WATER	5460.00	.0156	85.18
1118B	PREMIUM GEL / BENTONITE	200.00	.2000	40.00
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00
5502C	80 VACUUM TRUCK (CEMENT)	3.00	100.0000	300.00
5502C	80 VACUUM TRUCK (CEMENT)	3.00	100.0000	300.00

Sublet Performed	Description	Total
9999-240	CASH DISCOUNT	-178.88
9999-240	CASH DISCOUNT	-468.42

Description	Hours	Unit Price	Total
419 CEMENT PUMP	1.00	975.00	975.00
419 CASING FOOTAGE	1036.00	.21	217.56

Amount Due 4524.74 if paid after 10/13/2011

Parts:	3122.78	Freight:	.00	Tax:	170.52	AR	3838.56
Labor:	.00	Misc:	.00	Total:	3838.56		
Sublt:	-647.30	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

ELDORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

GILLETTE, WY  
307/686-4914

OAKLEY, KS  
785/672-2227

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

WORLAND, WY  
307/347-4577



9/9/2011

# 244138



3390000127

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	jbd longstring	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Customer Acct #	4291	Section	15	Excess (%)	30
Well No.	jbd winder 15-2	TWP	34	Density	13.8
Mailing Address		RGE	12	Water Required	
City & State		Formation		Yield	1.75
Zip Code		Hole Size	6.75	Slurry Weight	
Contact		Hole Depth	1037	Slurry Volume	
Email		Casing Size	4.5	Displacement	16.7
Cell		Casing Depth	1036	Displacement PSI	600
Office		Drill Pipe		MIX PSI	250
Dispatch Location	BARTLESVILLE	Tubing		Rate	5

	Cement Pump Charge and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX.	\$975.00	\$ 975.00
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
		1,036			\$ 217.56
<b>EQUIPMENT TOTAL</b>					<b>\$ 1,192.56</b>

	General Chemicals and Water	Quantity	Unit	Price per Unit	
1128A	THICK SET CEMENT (8LB OWG 4% GEL 2% CAL. CHLORIDE)	110	POUNDS	\$18.30	\$ 2,013.00
1110A	KOL SEAL (50 # SK)	550	50 POUND SACK	\$0.44	\$ 242.00
1107A	PHENOSEAL	80	POUNDS	\$1.22	\$ 97.60
1123	CITY WATER (PER 1000 GAL)	5,460	1000 GAL	\$0.02	\$ 85.18
1118B	PREMIUM GEL/BENTONITE (50#)	200	POUNDS	\$0.20	\$ 40.00
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
					\$ 2,477.78
<b>CHEMICAL TOTAL</b>					<b>\$ 2,477.78</b>

	Water Transport	Quantity	Unit	Price per Unit	
5502C	80 BBL VACUUM TRUCK (CEMENT)	3	/HR FROM CAMP	\$100.00	\$ 300.00
5502C	80 BBL VACUUM TRUCK (CEMENT)	3	/HR FROM CAMP	\$100.00	\$ 300.00
0				\$0.00	\$ -
<b>TRANSPORT TOTAL</b>					<b>\$ 600.00</b>

	Cement Floating Equipment (TANABLE)	Quantity	Unit	Price per Unit	
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
4404	4 1/2 INCH RUBBER PLUG	1	EACH	\$45.00	\$ 45.00
0				\$0.00	\$ -
<b>CEMENT FLOATING EQUIPMENT TOTAL</b>					<b>\$ 45.00</b>

DRIVER NAME	
473	Donnie Tate
419	James N
550	Joe h
	ricks 80
538	Jeff f.

SUB TOTAL	\$ 4,315.34
15% (-DISCOUNT)	\$ 647.30
SALES TAX	170.52
<b>DISCOUNTED TOTAL</b>	<b>\$ 3,837.56</b>

AUTHORIZATION \_\_\_\_\_  
DATE \_\_\_\_\_

TITLE \_\_\_\_\_  
*Donnie Tate*

I ACKNOWLEDGE THAT THE PAYMENT TERMS, UNLESS SPECIFICALLY AMENDED IN WRITING ON THE FRONT OF THE FORM OR IN THE CUSTOMER'S ACCOUNT RECORDS, AT OUR OFFICE, AND CONDITIONS OF SERVICE ON THE BACK OF THIS FORM ARE IN EFFECT FOR SERVICES IDENTIFIED ON THIS FORM.





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

October 10, 2011

John Loyd  
Excel Oil & Gas L.L.C.  
PO BOX 68  
BUCYRUS, KS 66013-0068

Re: ACO1  
API 15-019-27063-00-00  
Winders 15-2  
NW/4 Sec.15-34S-12E  
Chautauqua 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,  
John Loyd