



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



1067181

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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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24 S. Lincoln Street  
P.O. Box 31  
Russell, KS 67665-2906  
Voice: (817) 546-7282  
Fax: (817) 246-3361

# INVOICE

Invoice Number: 128749  
Invoice Date: Sep 26, 2011  
Page: 1

<b>Bill To:</b>
Wildcat Oil & Gas P O Box 40 Spivey, KS 67142

Federal Tax I.D.#: 20-5975804

RECEIVED OCT 11 2011

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Wild	Hoath #2 OWWO	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Sep 26, 2011	10/26/11

Quantity	Item	Description	Unit Price	Amount
24.00	MAT	Class A Common	16.25	390.00
16.00	MAT	Pozmix	8.50	136.00
2.00	MAT	Gel	21.25	42.50
14.00	MAT	SMS	3.00	42.00
125.00	MAT	Class H Premium	19.25	2,406.25
625.00	MAT	Kol Seal	0.89	556.25
12.00	MAT	Salt	12.00	144.00
10.00	MAT	Cla Pro	31.25	312.50
500.00	MAT	ASF	1.27	635.00
194.00	SER	Handling	2.25	436.50
15.00	SER	Mileage 194 sx @.11 per sk per mi	21.34	320.10
1.00	SER	Production Casing	2,405.00	2,405.00
30.00	SER	Pump Truck Mileage	7.00	210.00
1.00	SER	Manifold Head Rental	200.00	200.00
30.00	SER	Light Vehicle Mileage	4.00	120.00
1.00	EQP	4.5 Guide Shoe	192.00	192.00
1.00	EQP	4.5 AFU Insert	249.00	249.00
1.00	EQP	4.5 Basket	270.00	270.00
10.00	EQP	4.5 Reciprocating Scratchers	118.00	1,180.00
8.00	EQP	4.5 Centralizer	48.00	384.00
1.00	EQP	4.5 Top Rubber Plug	71.00	71.00

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
<b>TOTAL</b>	<b>Continued</b>

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$

ONLY IF PAID ON OR BEFORE  
Oct 21, 2011



24 S. Lincoln Street  
P.O. Box 31  
Russell, KS 67665-2906  
Voice: (817) 546-7282  
Fax: (817) 246-3361

# INVOICE

Invoice Number: 128749  
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Customer ID	Well Name# or Customer P.O.	Payment Terms	
Wild	Hoath #2 OWWO	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Sep 26, 2011	10/26/11

Quantity	Item	Description	Unit Price	Amount
1.00	CEMENTER	David Felio		
1.00	EQUIP OPER	Ron Gilley		
1.00	OPER ASSIST	Dustin Elam		

Subtotal	10,702.10
Sales Tax	441.66
Total Invoice Amount	11,143.76
Payment/Credit Applied	
<b>TOTAL</b>	<b>11,143.76</b>

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$ **8140.42**

ONLY IF PAID ON OR BEFORE  
**Oct 21, 2011**

# ALLIED CEMENTING CO., LLC. 037801

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
*Medicine Lodge, KS*

DATE <i>09-26-11</i>	SEC. <i>06</i>	TWP. <i>33s</i>	RANGE <i>09w</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <i>5:30 AM</i>
LEASE <i>Hoath</i>	WELL # <i>2</i>	<i>owwo</i>	LOCATION <i>160 at Barber-Harper Co. line,</i>			COUNTY <i>Hopper</i>	STATE <i>KS</i>
OLD OR NEW (Circle one)			<i>3 3/4s, E/1/4</i>				

CONTRACTOR *Hardt*  
 TYPE OF JOB *Production Casing*  
 HOLE SIZE *7 7/8* T.D. *4688*  
 CASING SIZE *4 1/2* DEPTH *4636*  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX *1400* MINIMUM *-*  
 MEAS. LINE SHOE JOINT *40.51*  
 CEMENT LEFT IN CSG. *41'*  
 PERFS.  
 DISPLACEMENT *73 Bbls 2% KCL Water*

OWNER *Wildcat*  
 CEMENT  
 AMOUNT ORDERED *40s x 60: 40% gel + 4% sms*  
*\$ 125sx class H + 10% salt + 5% Pot coal \$ 7 gals*  
*Clapro, \$ 500 gals ASF*

EQUIPMENT

PUMP TRUCK CEMENTER *D. Felio*  
 # *414-302* HELPER *R. Gilley*  
 BULK TRUCK  
 # *421-252* DRIVER *D. Flam*  
 BULK TRUCK  
 # DRIVER

COMMON	<i>24</i> sx	@ <i>16.25</i>	<i>390.00</i>
POZMIX	<i>16</i> sx	@ <i>8.50</i>	<i>136.00</i>
GEL	<i>2</i> sx	@ <i>21.25</i>	<i>42.50</i>
CHLORIDE		@	
ASC		@	
<i>sms</i>	<i>14</i> <sup>tt</sup>	@ <i>3.00</i>	<i>42.00</i>
<i>H</i>	<i>125</i> sx	@ <i>19.25</i>	<i>2406.25</i>
<i>Kolcoal</i>	<i>625</i> <sup>tt</sup>	@ <i>.89</i>	<i>556.25</i>
<i>salt</i>	<i>12</i> sx	@ <i>12.00</i>	<i>144.00</i>
<i>Clapro</i>	<i>10</i> Gals	@ <i>31.25</i>	<i>312.50</i>
<i>ASF</i>	<i>500</i> Gals	@ <i>1.27</i>	<i>635.00</i>
		@	
		@	
HANDLING	<i>194</i>	@ <i>2.25</i>	<i>436.50</i>
MILEAGE	<i>194/11/15</i>		<i>320.10</i>
			TOTAL <i>5421.10</i>

REMARKS:  
*Pipe on Bttm, Break Circ, Pump Pre flush*  
*(Pierce Special), Plug Rut Hole w/ 15x60' 40 cement,*  
*Pump 25sx Scumper Cement, Mix 125sx tail Cement, Stop*  
*Pump, Wash Pump & lines, Release Plug, Start Dispers/*  
*2% KCL Water, Recip. Pipes, See Steady increase in*  
*PSE, Stop recip. Pipe, Slow rate, Bump Plug at*  
*73 Bbls total Disp., Release PSE, Float Did Hold*

SERVICE

DEPTH OF JOB	<i>4636</i>		
PUMP TRUCK CHARGE			<i>2405.00</i>
EXTRA FOOTAGE		@	
MILEAGE	<i>30</i>	@ <i>7.00</i>	<i>210.00</i>
MANIFOLD <i>Head rental</i>		@	<i>200.00</i>
<i>light vehicle</i>	<i>30</i>	@ <i>4.00</i>	<i>120.00</i>
		@	

CHARGE TO: *Wildcat oil & gas*  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL *2935.00*

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.

PLUG & FLOAT EQUIPMENT

<i>1- Guide Shoe</i>	@	<i>192.00</i>
<i>1- AFU insert</i>	@	<i>249.00</i>
<i>1- Cement Basket</i>	@	<i>270.00</i>
<i>10- Recip. Sutchers</i>	@ <i>118.00</i>	<i>1180.00</i>
<i>8- centralizers</i>	@ <i>48.00</i>	<i>384.00</i>
<i>1- TRP</i>		<i>71.00</i>
		TOTAL <i>2346.00</i>

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES *10,702.10*  
 DISCOUNT *20%* IF PAID IN 30 DAYS  
 NET *8561.68*

PRINTED NAME *TIM PIERCE*  
 SIGNATURE *Tim Pierce*