



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: _____



1068286

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
--	---	---

Lease Name: Yoho	Spud Date: 7-5-11	Surface Pipe Size: 8"	Depth: 40'	TD: 1446
Operator: Robert Christenson	Well #14 Yoho	Bit Diameter: 6 3/4"		
Footage taken	Sample type			
0_3	soil			
3_14	clay			
14_164	shale sand			
164_171	lime			
171_181	shale			
181_208	lime			
208_212	shale			
212_234	lime			
234_261	shale			
261_454	lime			
454_461	shale			
461_497	lime			
497_504	shale			
504_581	lime			
581_587	shale			
587_606	lime			
606_610	shale			
610_630	lime			
630_634	shale			
634_637	lime			
637_651	shale			
651_653	lime			
653_803	shale			
803_807	lime			
807_818	shale			
818_822	lime			
822_827	shale			
827_834	lime			
834_837	shale			
837_842	lime			
842_847	shale			
847_851	lime			
851_897	shale			
897_899	lime			
899_905	shale			
905_914	lime			
914_920	shale			
920_922	lime			
922_929	shale			
929_933	lime			
933_950	shale			
950_955	lime			
955_968	shale			
968_971	lime			
971_973	shale			
973_976	lime			
976_982	shale			
982_984	lime			
984_1031	shale			
1031_1032	1st cap			
1032_1034	shale			
1034_1035	2nd cap			
1035_1043	lime			
1043_1076	shale			

1076_1078	lime			
1078_1089	shale			
1089_1093	lime			
1093_1201	shale			
1201_1206	black shale			
1206_1369	shale			
1369_1373	lime			
1373_1382	shale			
1382_1393	lime			
1393_1399	1st break, good oil odor			
1399_1404	hard lime			
1404_1418	2nd break oil, great odor			
1418_1431	hard lime			
1431_1446	3rd break, slight odor of oil			
1446	TD			

FED ID# 48-1214033
 MC ID # 165290
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3613A Y Road
 Madison, KS 66860

Hurricane Services, Inc.
 P.O. Box 782228
 Wichita, KS 67278-2228

Cement, Acid or Tools
 Service Ticket
 4578

DATE 7-8-11

COUNTY Woodson CITY _____

CHARGE TO C+S Oil

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Yoho #14 CONTRACTOR Steve Leis

KIND OF JOB LongString SEC. _____ TWP. _____ RNG. _____

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			750.00
156 sks	Quick Set Cement		2574.00
780 lbs	KOI-SEAL 5*PK/SK		351.00
500 lbs	Gel > Flush Ahead		125.00
5 Hrs	water Truck		400.00
5 Hrs	water Transport		500.00
	Mileage on Trk. #290		45.00
9.25 TONS	BULK TRK. MILES		305.25
30	PUMP TRK. MILES		90.00
	Rental on wireline		50.00
1	PLUGS 4 1/2" Top Rubber		38.00
		7.3% SALES TAX	225.42
		TOTAL	5453.67

T.D. _____

SIZE HOLE 6 3/4"

MAX. PRESS. _____

PLUG DEPTH _____

PLUG USED _____

CSG. SET AT 1440' VOLUME 22.8 Bbls.

TBG SET AT _____ VOLUME _____

SIZE PIPE 4 1/2" - 10.5 lb.

PKER DEPTH _____

TIME FINISHED _____

REMARKS: Rig up to 4 1/2" casing, Break circulation with pit water 25 Bbl. Gel Flush, circulate Gel around To condition hole. Pumped 15 Bbls. Dry water Ahead, Mixed 156 sks Quick Set Cement + 5* KOI-SEAL. Shut down - washout Pump + Lines - Release Plug - Displace Plug with 22 3/4 Bbls. water. Final Pumping at 750 PSI - Bumped Plug to 1200 PSI - Release Pressure - Float Held - close in w/ 0 PSI Good cement returns w/ 6 Bbl. slurry "Thank you"

EQUIPMENT USED

NAME _____ UNIT NO. _____

Kelly Kimberlin #201

NAME _____ UNIT NO. _____

Jerry #203, Justin #105, James #141 + #152

Brad Butler
 HSI REP.

witnessed by Bob
 OWNER'S REP.