



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: _____



1068304

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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Lease Name: Yoho	Spud Date: 7-11-2011	Surface Pipe Size: 8 5/8	Depth: 40'	TD: 1380
Operator: Robert Christenson	Well #17 Yoho	Bit Diameter: 6 3/4"		
Footage taken	Sample type			
0_2	soil			
2_13	clay			
13_102	shale			
102_136	brown lime			
136_141	shale			
141_174	lime			
174_211	shale			
211_214	lime			
214_219	shale			
219_227	lime			
227_234	shale			
234_410	lime			
410_431	shale			
431_432	lime			
432_437	shale			
437_440	lime			
440_450	shale			
450_520	lime			
520_530	shale			
530_549	lime			
549_555	shale			
555_574	lime			
574_748	shale			
748_780	lime			
780_785	shale			
785_788	lime			
788_842	lime/shale			
842_855	lime			
855_862	shale			
862_863	lime			
863_872	shale			
872_875	lime			
875_880	shale			
880_897	lime			
897_911	shale			
911_918	lime			
918_923	black shale			
923_926	lime			
926_931	shale			
931_936	some oil sand			
936_970	shale			
970_976	lime			
976_978	shale			
978_985	oil sand broken			
985_1246	shale			
1246_1248	lime			
1248_1251	shale			
1251_1253	lime			
1253_1311	shale			
1311_1341	mississippian lime			
1341_1363	break with oil			
1363_1380	lime			
1380	T.D.			

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
 4586

DATE 7-12-11

COUNTY Woodson CITY _____

CHARGE TO C & S Oil

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. yoho #17 CONTRACTOR Steve Leis

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

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			750.00
143 SKs	Quick Set cement		2359.50
715 lbs	KOL-SEAL 5" P/SK		321.75
400 lbs	Gel > Flush Ahead		100.00
6 Hrs	water Truck		480.00
6 Hrs	water Transport		600.00
	Mileage on Trk #290		45.00
8.52 Tons	BULK TRK. MILES		281.16
30	PUMP TRK. MILES		90.00
	Rental on wireline		50.00
1	PLUGS 4 1/2" Top Rubber		38.00
		7.3% SALES TAX	205.80
		TOTAL	5321.21

T.D. _____

CSG. SET AT 1369' VOLUME 21 3/4 Bbls

SIZE HOLE 6 3/4"

TBG SET AT _____ VOLUME _____

MAX. PRESS. _____

SIZE PIPE 4 1/2" - 10.5lb.

PLUG DEPTH _____

PKER DEPTH _____

PLUG USED _____

TIME FINISHED _____

REMARKS: Rig up to 4 1/2" casing, Break circulation with Pit water, 20 Bbl. Gel Flush, circulated Gel around To condition Hole, Pumped 15 Bbl. Dye water Ahead. Mixed 143 SKs Quick Set cement w/ 5" KOL-SEAL. Shutdown - washout Pump lines - Release Plug - Displace Plug with 21 3/4 Bbls water, Final Pumping at 700 PSI - Bumped Plug to 1200 PSI - Release Pressure - Float Held, close casing w/ OPST Good cement returns w/ 4 Bbls slurry "Thank you"

EQUIPMENT USED

NAME Kelly Kimberlin UNIT NO. 201
Brad Butler
 HSI REP.

NAME Rodger #202, Delbit #105, Mark #141, #152
witnessed by Bob
 OWNER'S REP.