



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: \_\_\_\_\_



1068335

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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Lease Name: Dible	Spud Date: 7-13-11	Surface Pipe Size: 7"	Depth: 40'	TD: 1290
Operator: Ron-Bob Oil	Well #5	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_4	soil			
4_16	clay and gravel			
16_30	gravel			
30_73	lime			
73_171	shale			
171_243	lime			
243_264	shale			
264_292	lime			
292_343	shale			
343_348	lime			
348_354	shale			
354_355	lime			
355_360	shale			
360_365	lime			
365_390	shale			
390_450	lime			
450_455	shale			
455_471	lime			
471_475	shale			
475_480	lime			
480_644	shale			
644_679	lime			
679_682	shale			
682_738	lime			
738_741	shale			
741_774	lime			
774_777	shale			
777_820	lime			
820_826	shale			
826_830	lime			
830_864	shale			
864_865	lime			
865_866	shale some odor			
866_868	broken oil sand			
868_872	good oil sand			
872_874	broken oil sand			
874_930	shale			
930_931	lime			
931_1192	shale			
1192_1215	broken black shale			
1215_1227	Miss. Lime			
1227_1230	break w/oil			
1230_1236	hard lime			
1236_1241	break w/odor no free oil			
1241_1290	lime			
	1290 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  
 4587

DATE 7-14-11

COUNTY Woodson CITY \_\_\_\_\_

CHARGE TO Ron & Bob Oil Co.

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

LEASE & WELL NO. Wilma Dike #5 CONTRACTOR Steve Leis

KIND OF JOB LongString SEC. 4 TWP. 24 RNG. 17E

DIR. TO LOC. \_\_\_\_\_ OLD  NEW

Quantity	MATERIAL USED	Serv. Charge	
			750.00
143 sks	Quick Set cement		2359.50
200 lbs	Gel > Flush Ahead		50.00
4 Hrs	water Truck #102		320.00
4 Hrs	water Truck #105		320.00
	Mileage on Trk #290		52.50
	BULK CHARGE		
8 Trk	BULK TRK. MILES		308.00
35	PUMP TRK. MILES		105.00
	Rental on wireline		50.00
2	PLUGS 2 7/8" Top Rubber Plugs		46.00
		7.3% SALES TAX	179.25
		TOTAL	4540.25

T.D. 1290'

CSG. SET AT \_\_\_\_\_ VOLUME \_\_\_\_\_

SIZE HOLE 5 7/8"

TBG SET AT 1290' VOLUME 7.4 Bbls

MAX. PRESS. \_\_\_\_\_

SIZE PIPE 2 7/8"

PLUG DEPTH \_\_\_\_\_

PKER DEPTH \_\_\_\_\_

PLUG USED \_\_\_\_\_

TIME FINISHED \_\_\_\_\_

REMARKS: Rig up to 2 7/8" Tubing, Break circulation with 5 Bbls water, 10 Bbl. Gel Flush, circulate Gel around To condition Hole, Mixed 143 sks. Quick Set Cement, shut down - washout Pump lines. Release 2 Plugs - Displaced Plugs with 7 1/2 Bbls water. Final Pumping at 600 PSI Bumped Plugs to 1100 PSI - Close Tubing in w/ 1100 PSI Good cement returns w/ 4 Bbl. slurry "Thank you"

EQUIPMENT USED

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

NAME Clayton #202, James #102, Justin #105  
witnessed by Bob  
 OWNER'S REP.