



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



1068732

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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Form	ACO1 - Well Completion
Operator	Jason Oil Company, LLC
Well Name	Dietz 1
Doc ID	1068732

Tops

Name	Top	Datum
Topeka	2851	-933
Heebner	3079	-1161
Toronto	3098	-1180
LKC	3145	-1227
Base	3375	-1457
Conglomerate	3381	-1463
Arbuckle	3443	-1525
TD	3479	-1561

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025  
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 521

Date	11/11/11	Sec.	18	Twp.	16	Range	14	County	Barton	State	KS	On Location	Finish	7:00 AM	
Lease	Dieta			Well No.	1			Location	m. larger, 13, 1W, 25, 1/2 E, 5 into						
Contractor	Royal Drilling #1							Owner	To Quality Oilwell Cementing, Inc.						
Type Job	Surface							You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Hole Size	12 1/4"			T.D.	431'			Charge To	Jason Oil						
Csg.	8 5/8" 20#			Depth	431'			Street							
Tbg. Size				Depth				City	State						
Tool				Depth				The above was done to satisfaction and supervision of owner agent or contractor.							
Cement Left in Csg.	20'			Shoe Joint				Cement Amount Ordered	200 sy Com 3% CC 2% gel						
Meas Line				Displace	26-4 BHK										
<b>EQUIPMENT</b>															
Pumptrk	9	No.	Cementer		Helper		Common								
Bulktrk	3	No.	Driver		Driver		Poz. Mix								
Bulktrk	10	No.	Driver		Driver		Gel.								
<b>JOB SERVICES &amp; REMARKS</b>															
Remarks:	Calcium														
Rat Hole	Hulls														
Mouse Hole	Salt														
Centralizers	Flowseal														
Baskets	Kol-Seal														
D/V or Port Collar	Mud CLR 48														
	CFL-117 or CD110 CAF 38														
	Sand														
	Handling														
	Mileage														
	<b>FLOAT EQUIPMENT</b>														
	Guide Shoe														
	Centralizer 4 5/8"														
	Baskets														
	AFU Inserts														
	Float Shoe														
	Latch Down														
	Pumptrk Charge														
	Mileage														
	Tax														
	Discount														
	Total Charge														
X Signature	D. M. R. A.														

Thank You!!

Quality Oilwell Cementing

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 120

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
11-17-11				Barber	Kansas		9:30 Am
Lease	Well No.		Location				
			Russell S. to Co. line 3 <sup>rd</sup> W 25 <sup>th</sup> St				
Contractor				Owner			
Royal Drilling Rig 1				To Quality Oilwell Cementing, Inc.			
Type Job				You are hereby requested to rent cementing equipment and furnish			
Plug				cementer and helper to assist owner or contractor to do work as listed.			
Hole Size		T.D.		Charge To			
7 7/8		2480		Jason Oil			
Csg.		Depth		Street			
				City			
Tbg. Size		Depth		State			
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.			
				Cement Amount Ordered			
Cement Left in Csg.		Shoe Joint		205 Cooks 4 1/2 bag			
Meas Line		Displace		EQUIPMENT			
				4 1/2 5/8" Seal per sk			
Pumptrk	No.	Cement		Common			
9		Helper					
Bulktrk	No.	Driver		Poz. Mix			
8		Driver					
Bulktrk	No.	Driver		Gel.			
		Driver					
JOB SERVICES & REMARKS				Calcium			
Remarks:				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V. or Port Collar				CFL-117 or CD110 CAF 38			
1 <sup>st</sup> Plug @ 3382 25x				Sand			
2 <sup>nd</sup> Plug @ 4900 25x				Handling			
3 <sup>rd</sup> Plug @ 440 1005x				Mileage			
4 <sup>th</sup> Plug @ 40 105x				FLOAT EQUIPMENT			
Rat Hole 305x				Guide Shoe			
Mouse Hole 15x				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				1 8 1/2" led Plug			
				Pumptrk Charge			
				Mileage			
				Tax			
				Discount			
				Total Charge			
Signature: Dennis Budic							