



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



1069894

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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**STATEMENT**

09616

**ELMORE'S INC.**  
 Box 87 - 776 HWY99  
 Sedan, KS 67361  
 Cell: (620) 249-2519  
 Eve: (620) 725-5538

Date  
 12-29-11

Customer Wade Patterson  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Qty.	Description	Price	Amount
2	hr Pulling Unit	120.00	240.00
2	hr Cement Pump	110.00	220.00
2	hr Water Truck	85.00	170.00
1	Bauk Tank	85.00	85.00
330	1/2" Tubin	.10	33.00
60	Sks Cement	10.00	600.00
			1348.00
	Cemented 5 1/2 Casing		111.88
	330' To Surface With		1459.88
	60 Sks Cement.		
	McSpaden Well #5		

Thank You -- We appreciate your business!

Rec'd. by \_\_\_\_\_

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 33505

LOCATION Eureka

FOREMAN Rick Ledford

Shannon Feek

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

API# 15-049-22560

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/22/11	60288	M <sup>c</sup> Spadden #5	34	31	10E	ETK
CUSTOMER Wade Patterson			C+G Oris		TRUCK #	
MAILING ADDRESS 484 Osage trail					DRIVER	
CITY Maline			STATE KS		ZIP CODE 67353	
			TRUCK #		DRIVER	
			445		Dave	
			611 1 <sup>st</sup> stage		Chris B.	
			479 2 <sup>nd</sup> stage		Allen B.	
			637		Sim	

JOB TYPE L/S O HOLE SIZE 7 7/8" HOLE DEPTH 2325' CASING SIZE & WEIGHT 5 1/2" 15.5# NEW  
 CASING DEPTH 2323' G.L. DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER 2320' P&T O G.L.  
 SLURRY WEIGHT 13.6#-12.8# SLURRY VOL 101 Bbl WATER gal/sk 9.0-8.0 CEMENT LEFT in CASING 3' O.K. Tool  
 DISPLACEMENT 55 1/2 Bbl, 3.9 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting- Rig up to 5 1/2" casing. D.V. Tool set @ 1521' below ground level. Set packer shoe @ 1100 PSI. Pump 10 Bbl water ahead. Mixed 110 sacks thickset cement w/ 5" Kol-seal/sk + 1" phenoseal/sk @ 13.6#/gal. Washout pump + lines, release floater. Displace w/ 55 1/2 Bbl water. Final pump pressure 700 PSI. Pump plug @ 1200 PSI. Release pressure, float + plug held. Top trip bomb wait 8 mins. Open tool @ 1300 PSI. Circulate cement to surface w/ mud pump = 8 Bbl slurry to pit. Circulate for 2 hrs. Stage #1 complete. Stage #2- Pump 10 Bbl water ahead. Mixed 220 sacks 60/40 Permiox cement w/ 8% gel + 1" phenoseal/sk @ 12.8#/gal. Washout pump + lines, release closing plug. Displace w/ 36.4 Bbl water. Final pump pressure 700 PSI. Close tool @ 1200 PSI. Pump plug to 1100 PSI. Release pressure, plug held. Good circulation @ all times while cementing. No cement returns to surface. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	40	MILEAGE	4.00	160.00
5401	1	2 <sup>nd</sup> stage	1030.00	1030.00
1126A	110 SKS	thickset cement	19.20	2112.00
1110A	550 #	5" Kol-seal/sk	.46	253.00
1107A	110 #	1" phenoseal/sk	1.29	141.90
1131	220 SKS	60/40 Permiox cement	12.55	2761.00
1118B	1515 #	8% gel	.21	318.15
1107A	220 #	1" phenoseal/sk	1.29	283.80
5407A	15.5'	ten mileage bulk trucks x 2	1.34	831.34
5502C	4 hrs	80 Bbl WRC-TRK	90.00	360.00
1123	3000 gals	city water	16.30/1000	49.50
4104	2	5 1/2" baseets	229.00	458.00
4130	4	5 1/2" x 7 7/8" centralizers	48.00	192.00
4253	1	5 1/2" Type A Packer shoe	1584.00	1584.00
4277	1	5 1/2" O.V. Tool	3220.00	3220.00
4310	1	5 1/2" float collar body only	217.50	217.50
4310	1	5 1/2" stop ring	30.00	30.00
4310	1	thread lock kit	30.00	30.00

Revin 3737

AUTHORIZATION Jessie Nelson

TITLE 246690

ESTIMATED TOTAL 15,062.19  
DATE tax 890.00  
15912.19

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

