



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



1071724

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Shaيدا, John H.
Well Name	Fink 6
Doc ID	1071724

Tops

Name	Top	Datum
Anhydrite	824	1020
Grand Haven	2356	-512
Tarkio	2428	-584
Elmont	2491	-647
Topeka	2695	-851
Heebner	2926	-1082
Toronto	2944	-1100
Lansing	2987	-1143

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

No. 205

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

Date	1/5/12	Sec.	15	Twp.	14	Range	14	County	Russell	State	KS	On Location		Finish	10:00	
Lease	Pink			Well No.	6			Location	Russell, 35, W side							
Contractor	Royal Drilling Csg #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 follows								
Hole Size	12 1/4"			T.D.	838'			Charge To	Shawdy, John H.							
Csg.	85/8"			Depth	<del>838'</del> 838'			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.	16'			Shoe Joint	16'			Cement Amount Ordered	350 ex Con 3% U 2%							
Meas Line				Displace	52 1/2 Bbls.											

**EQUIPMENT**

Pumptrk	9	No.	Cementer	<del>Paul</del> Paul	Common
			Helper		
Bulktrk	13	No.	Driver	Matt	Poz. Mix
			Driver		
Bulktrk	PU	No.	Driver	Brett	Gel.
			Driver		

**JOB SERVICES & REMARKS**

Remarks:	Calcium
Rat Hole	Hulls
Mouse Hole	Salt
Centralizers	Flowseal
Baskets	Kol-Seal
D/V or Port Collar	Mud CLR 48
Ex Con.	CFL-117 or CD110 CAF 38
Mix 350 ex	Sand
Displace	Handling
Hard Plug	Mileage
Cement Circulated	5 1/8" <b>FLOAT EQUIPMENT</b>
	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	Baffle Plate + Rubber Plug
	Head + Manifold
	Pumptrk Charge
	Mileage
	Tax
	Discount
	Total Charge

Signature *J. Smith*

Thank You!!!

# 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. 208

Date	1/9/12	Sec.	15	Twp.	14	Range	14	County	Russell	State	KS	On Location		Finish	3:00 PM
Lease	Fink	Well No.	6		Location Russell, 3 S, W+N into										
Contractor	Royal Drilling Rig #1							Owner							
Type Job	Production String							To Quality Oilwell Cementing, Inc. 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	7 7/8"		T.D.		3230'		Charge To								
Csg.	5 1/2"		Depth		3:48'		John D. Shindler								
Tbg. Size			Depth		Street										
Tool			Depth		City State										
Cement Left in Csg.	21"		Shoe Joint		21"		The above was done to satisfaction and supervision of owner agent or contractor.								
Meas Line			Displace		77 1/2 bbl.		Cement Amount Ordered 300 yds Com 10% Salt 5% Silica								

**EQUIPMENT**

Pumptrk	9 No.	Cementor	Paul	Common
		Helper		
Bulktrk	10 No.	Driver	Matt	Poz. Mix
		Driver		
Bulktrk	PV No.	Driver	Greg	Gel.
		Driver		

**JOB SERVICES & REMARKS**

Remarks:	Calcium
Rat Hole 30sx	Hulls
Mouse Hole 20sx	Salt
Centralizers 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29	Flowseal
Baskets 2, 26, 36	Kol-Seal
D/V or Port Collar	Mud CLR 48 500 gal.
Est Circ. - 1 hour	CFL-117 or CD110 CAF 38
Pump 500 gal. Mud Circ - 48	Sand
Plug Rat & Mouse	Handling
Mix 250 sx down 5 1/2"	Mileage

**FLOAT EQUIPMENT**

Displace	Guide Shoe
Land Plug	Centralizer 10 - Turbos
Float Head	Baskets 3
	AFU Inserts
	Float Shoe 1
	Latch Down 1 w/ Plug
	Protecting Head

	Pumptrk Charge	
	Mileage	
		Tax
		Discount
		Total Charge

X Signature *Wesley Buder*

*Thank You!*