



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: _____



1071928

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: Nelson	Spud Date: 10/06/11	Surface Pipe Size: 7 1/2"	Depth: 40'	TD: 1210
Operator: Ron-Bob Oil	Well #40	Bit Diameter: 5 7/8"		
Footage taken	Sample type	Footage Taken	Sample Type	
0_10	soil	1145_1146	chalk	
10_27	sand/gravel	1146_1149	faint odor	
27_107	shale	1149_1157	hard lime	
107_148	lime	1157_1160	free oil	
148_163	shale	1160_1161	hard lime	
163_240	lime	1161_1164	oil, lime	
240_272	shale	1164_1210	lime	
272_274	lime		1210 TD	
274_294	shale			
294_377	lime			
377_381	black shale			
381_411	lime			
411_414	shale			
414_418	lime			
418_582	shale			
582_607	lime			
607_618	hard lime			
618_623	shale			
623_645	soft lime			
645_649	lime			
649_683	shale			
683_697	lime			
697_699	hard lime			
699_712	soft lime			
712_715	hard lime			
715_731	shale			
731_757	lime			
757_766	hard lime			
766_774	black shale			
774_776	lime			
776_779	mulky			
779_799	upper sand, slight show free oil			
799_810	shale			
810_811	cap			
811_817	shale			
817_818	2nd cap			
818_821	broken free oil			
821_824	badly broken free oil			
824_832	mostly shale some odor			
832_854	shale			
854_858	broken lime			
858_868	shale			
868_873	black shale			
873_912	shale			
912_915	black shale			
915_966	shale			
966_970	black shale			
970_1117	shale			
1117_1122	broken lime			
1122_1132	shale			
1132_1136	black shale			
1136_1141	shale			
1141_1143	lime			
1143_1145	free oil			

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
 4780

DATE 10-7-11

COUNTY Woodson CITY _____

CHARGE TO Ron & Bob Oil

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Nelson #40 CONTRACTOR Steve Leis

KIND OF JOB LongString SEC. 3 TWP. 24s RNG. 17E

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
129 sks	Quick Set Cement		750.00
			2128.50
300 lbs	Gel > Flush Ahead		75.00
5 hrs	water Transport		500.00
5 hrs	water Truck		400.00
	BULK CHARGE		
7.24 Trks	BULK TRK. MILES		278.74
35	PUMP TRK. MILES		105.00
	mileage Trk #290		52.50
2	PLUGS 2 7/8" Top Rubber		46.00
		7.3% SALES TAX	164.21
		TOTAL	4,499.95

T.D. 1210'

CSG. SET AT _____ VOLUME _____

SIZE HOLE 5 5/8"

TBG SET AT 1207' VOLUME 7 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 fresh water, 15 Bbl. Gel Flush, circulate Gel around To condition Hole. Mixed 129 sks Quick Set Cement, shut down - wash out Pump & Lines Release 2-plugs > Displace plugs with 7 Bbls water, Final Pumping @ 550 PSI - Bumpal Plugs to 1200 PSI close Tubing in with 1200 PSI Good cement returns w/ 7 Bbl. slurry "Thank you"

EQUIPMENT USED

NAME Zack Hanson UNIT NO. #201

NAME Jerry #202, Redger #105, Delbert #144-152

Brad Butler
 HSI REP.

witnessed by Bob
 OWNER'S REP.