



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: _____



1073346

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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TICKET NUMBER 0000
 LOCATION Ottawa KS
 FOREMAN Fred Maden

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/5/12	7823	Kitchen # 9-w	13	18	21	M
CUSTOMER		CITY				
Town Oil Co		CITY				
MAILING ADDRESS		CITY				
16205 W 287th		CITY				
STATE		CITY				
IA		CITY				
ZIP CODE		CITY				
66071		CITY				

JOB TYPE Longstring HOLE SIZE _____ HOLE DEPTH 562' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 558' DRILL PIPE Pix TUBING 554 OTHER _____
 SLURRY WEIGHT _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2 Plug + 4'
 DISPLACEMENT 3.2 BBL MIX PSI _____ RATE 4 BPM
 REMARKS: Estab lish circulation. Mix + Pump 100 # Premium Gel
Flush. Mix + Pump 86 sks 50/50 Por Mix Cement 270
Gel. Cement to surface. Flush pump + lines clean.
Displace 2 1/2" Rubber Plug to PM in casing w/ air
BBL fresh water. Pressure to 650 # PSI. Hold
pressure for 30 min MIT. Shut in casing.
Customer Supplied Water. Fuel Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	7030.00
5406	25 mi.	MILEAGE	495	10000
5402	558	Casing Footage	N/C	
5407	Minimum	Ten Miles	350.00	
1124	86 sks	50/50 Por Mix Cement		941.20
1188B	245#	Premium Gel		57.25
4402	1	2 1/2" Rubber Plug		28.00
			SALES TAX	77.09
			ESTIMATED TOTAL	2578.24

RAWIN 3737
 AUTHORIZATION Scott Kirkland TITLE _____ DATE _____

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

Miami County, KS
 Well: Kitchen 9-W
 Lease Owner: TOC

Town Oilfield Service, Inc.
 (913) 837-8400

Commenced Spudding:
 1/3/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
21	Soil-Clay	21
23	Lime	44
16	Shale	60
6	Lime	66
6	Lime	72
36	Shale	108
14	Lime	122
11	Shale	133
27	Lime	160
10	Shale	170
23	Lime	193
4	Shale	197
3	Lime	200
1	Slate	201
9	Lime	210
137	Shale	347
5	Lime	352
3	Shale	355
5	Sandy Lime	360
10	Shale	370
11	Lime	381
2	Shale	383
4	Lime	387
6	Shale	393
7	Sand	400
28	Shale	428
8	Lime	436
12	Shale	448
3	Lime	451
17	Shale	468
3	Lime	471
23	Shale	494
13	Lime	507
6	Shale	513
10	Sand Oil	523
39	Sandy Shale	562-TD

