



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



1074222

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
---	--	--



**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED**

TICKET NUMBER 31554  
LOCATION Eureka  
FOREMAN Steve Reed

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

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-7-11	2144	Holley Cew #1	35	335	2E	Cowley
CUSTOMER			TRUCK #			
CRECO			DRIVER			
MAILING ADDRESS			TRUCK #			
210 Park Ave Ste 1140			DRIVER			
CITY			STATE			
OKLAHOMA CITY			OKLA.			
STATE			ZIP CODE			
OKLA.			73102			

JOB TYPE Surface HOLE SIZE 13 1/2 HOLE DEPTH 347' CASING SIZE & WEIGHT 10 3/4 40.5  
 CASING DEPTH 337' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 145# SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 31 1/2 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: SAFETY Meeting: Rig up to 10 3/4" casing. Break circulation with 2 bbls fresh water. Mix 240 sks Class Cement w/ 3% CaCl2, 2% Gel & 1/4" Flo-Cele per sk AT 141.5'. Displace with 31 1/2 bbls fresh water. Shut well in. Good cement returns to surface 2 bbl slurry to pit. Job complete Rig down

*Thank you*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE	775.00	775.00
5406	70	MILEAGE	4.00	280.00
11045	240 SKS	Class Cement	14.25	3420.00
1102	675#	CaCl2 3%	.70	472.50
1118B	450#	Gel 2%	.20	90.00
1107	60#	Flo Cele 1/4" per sk	2.22	133.20
5407A	11.28 Tons	Ton mileage Bulk Truck	1.26	994.90
			Sub Total	6165.60
			SALES TAX 6.8%	279.87
			ESTIMATED TOTAL	6445.47

Revin 9737

AUTHORIZATION

TITLE 244080

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



**CONSOLIDATED**  
Oil Well Services, LLC



**ENTER**

TICKET NUMBER 31574  
LOCATION EUREKA  
FOREMAN Kevin McCoy

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

**FIELD TICKET & TREATMENT REPORT**

CEMENT API #15-035-24445

Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-16-11	2144	Holy Cow # 1	35	335	3E	Cowkey
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
CRECO Operating, LLC			445	DAVE G.		
MAILING ADDRESS			515	CHRIS M.		
210 PARK AVE, STE 1140			611	CHRIS B.		
CITY	STATE	ZIP CODE				
Oklahoma City	OK	73102				

HORIZON  
ENERGY  
SERVICES  
Rig 4

JOB TYPE Longstring 0 HOLE SIZE 9 1/2" HOLE DEPTH 3915' CASING SIZE & WEIGHT 7" 23" New  
CASING DEPTH 3912' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT 12.6 - 13.5\* SLURRY VOL 113 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 2'  
DISPLACEMENT 154.6 BBL DISPLACEMENT PSI 1100 MAX PSI 1600 Bump Plug RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 7" casing. BREAK Circulation w/ 8 BBL Fresh water. Mixed 205 SKS 60/40 Pozmix Cement w/ 8% Gel, 1" PhenoSeal/sk @ 12.6\*/gal, yield 1.80. Tail in w/ 150 SKS Thick Set Cement w/ 5" Kol-Seal/sk, 1/2" PhenoSeal/sk, 1/4" CFL-115, @ 13.5\*/gal, yield 1.75. Shut down. Wash out Pump & Lines. Release Plug. Displace Plug to Seat w/ 154.6 BBL 4% KCL water. Final Pumping Pressure 1100 PSI. Bump Plug to 1600 PSI. Wait 2 minutes. Release Pressure. Float Held. Good Circulation @ ALL times while Cementing. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	70	MILEAGE	4.00	280.00
5402		Footage Charge	.21	821.52
1131	205 SKS	60/40 Pozmix Cement	11.95	2449.75
1118 B	1410 *	Gel 8%	.20	282.00
1107 A	205 *	PhenoSeal 1"/sk	1.22	250.10
1126 A	150 SKS	Thick Set Cement	18.30	2745.00
1110 A	750 *	Kol-Seal 5"/sk	.44	330.00
1135 A	35 *	CFL-115 1/4"	9.95	348.25
1107 A	75 *	PhenoSeal 1/2"/sk	1.22	91.50
5407 A	17.06 TONS	70 miles Buck Delv.	1.26	1504.10
4409	1	7" Top Rubber Plug	82.00	82.00
4206	1	7" Guide Shoe	253.00	253.00
4187	1	7" AFU Float Collar	525.00	525.00
3172	32 gals	KCL (Mixed w/ Displacement water.	33.50	1072.00
			Sub Total	12,009.80
			SALES TAX 6.8%	500.25
			ESTIMATED TOTAL	12,510.07

Revin 3737

*[Signature]*

THANK YOU  
# 244383

6.8%

DATE

AUTHORIZATION

TITLE

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