



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



1074631

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: Lehmann	Spud Date: 7-21-2011	Surface Pipe Size: 7"	Depth: 40'	TD: 981
Operator: Quest Development	Well # 12	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_2	soil			
2_15	gravel			
15_120	shale			
120_156	lime			
156_175	shale			
175_232	lime			
232_330	shale			
330_350	lime			
350_355	shale			
355_387	lime			
387_414	shale			
414_417	lime			
417_441	shale			
441_504	lime			
504_526	shale			
526_530	lime			
530_543	shale			
543_556	lime			
556_708	shale			
708_714	lime			
714_730	shale			
730_738	lime			
738_747	shale			
747_755	lime			
755_768	shale			
768_775	lime			
775_824	shale			
824_840	lime			
840_857	shale			
857_861	lime			
861_875	shale			
875_879	lime			
879_886	shale			
886_903	lime			
903_918	shale			
918_924	lime			
924_951	shale			
951_953	1st cap			
953_956	shale			
956_957	lime			
957_959	shale			
959_960	lime			
960_962	broken sand, some free oil			
962_977	good oil sand			
977_981	shale			
	981 TD			

**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER **31401**

LOCATION Eureka

FOREMAN S. Fevrens

242845

884, Chanute, KS 66720  
31-9210 or 800-467-8676

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/19/11	6605	Maanschreck # 8	32	32S	17E	Coffey
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			485	Alan M		
City			515	Allen B		
State			78	(ART McCox Trucking)		
ZIP CODE						
Tola						
KS						
66749						

JOB TYPE <u>Longstring</u>	HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH	CASING SIZE & WEIGHT
CASING DEPTH <u>670'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>17.4<sup>lb</sup></u>	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING
DISPLACEMENT <u>5 1/2"</u>	DISPLACEMENT PSI <u>250<sup>psi</sup></u>	MIX PSI	RATE

REMARKS: Soft meeting 1 Rig up to 2 3/8 Tubing Break circulation with Water Pump 300<sup>#</sup> Gel Flush Circulated around Tubing Mix 15 sks OWS Cement w/ 1/2<sup>th</sup> Phososeal per/sk at 17.4<sup>lb</sup>. Shut down Wash pump & line. Stuff 2 plugs Displace with 5 1/2 bbls Fresh water. Shut well in with 250<sup>psi</sup>. Good 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	975.00	975.00
		MILEAGE <u>NC</u>		
1126	115 sks	OWS Cement	17.90	2058.50
1107A	57 <sup>#</sup>	Phososeal 1/2 <sup>th</sup> per/sk	1.22	69.54
1118B	300 <sup>#</sup>	Gel Flush	.20	60.00
5407		Ten mileage Bulk Truck	mic	330.00
5502C	4 hrs	80 bbl Vacuum Truck	90.00	360.00
1123	3000 gallons	CITY water	15.60/1000	46.80
4402	2	2 3/8 Top Rubber Plug	28.00	56.00
		Total 4100.16		
		5% Discant 205.00		
		PAID 3895.16		
		Subtotal		3955.84
		SALES TAX		144.33
		ESTIMATED TOTAL		4100.16

Check # 2602

6.3%

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE 7/19/2011

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

# Hodown Drilling

# INVOICE

P.O. Box 92  
Yates Center, KS 66783  
(719) 210-8806 (620) 330-6328

**DATE:** August 3, 2011  
**INVOICE #**

Andrew King & Steven Leis (Owners)

**FOR:** Lehmann well #12

**BILL TO:**

Hal Dvorachek  
Quest Development Co.  
P.O. Box 413  
Iola, KS 66749

DESCRIPTION	HOURS	RATE	AMOUNT
Drilled 981' 5 7/8" hole		6.00	\$ 5,886.00
set surface (10 sacks cement)		included	
5 gallons of gel			250.00
SUBTOTAL			\$ 6,136.00
TAX RATE			
SALES TAX			-
OTHER			
<b>TOTAL</b>			<b>\$ 6,136.00</b>

Make checks payable to Hodown Drilling  
Total due in 15 days. Overdue accounts subject to a service charge of 1% per month.

**THANK YOU FOR YOUR BUSINESS!**