



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



1074637

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	--	--

Lease Name: Lehmann	Spud Date: 7-20-2011	Surface Pipe Size: 7"	Depth: 40'	TD: 980
Operator: Quest Development	Well # 13	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_5	soil			
5_18	clay/gravel			
18_118	shale			
118_150	lime			
150_165	shale			
165_235	lime			
235_330	shale			
330_392	lime			
392_415	shale			
415_418	lime			
418_430	shale			
430_501	lime			
510_521	shale			
521_531	lime			
531_537	shale			
537_556	lime			
556_698	shale			
698_705	lime			
705_714	shale			
714_728	lime			
728_747	shale			
747_754	lime			
754_765	shale			
765_768	lime			
768_809	shale			
809_813	lime			
813_825	shale			
825_832	lime			
832_838	shale			
838_841	lime			
841_854	shale			
854_858	lime			
858_871	shale			
871_878	lime			
878_895	shale			
895_904	lime			
904_911	shale			
911_914	lime			
914_947	shale			
947_948	1st cap			
948_957	shale			
957_960	lime			
960_963	oil sand			
963_971	good oil sand			
971_980	shale			
	980 TD			

# CONSOLIDATED

Oil Well Services, LLC

TICKET NUMBER 31405

LOCATION Eureka Ks

FOREMAN Steve Mead

242837

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

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-21-11	16605	Lehmann # 13	33	275	17E	Coffey
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			

JOB TYPE <u>Longstring 0</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>980'</u>	CASING SIZE & WEIGHT
CASING DEPTH <u>944'</u>	DRILL PIPE	TUBING <u>2 7/8</u>	OTHER
SLURRY WEIGHT <u>13.5<sup>lb</sup></u>	SLURRY VOL	WATER <u>gall/sk</u>	CEMENT LEFT IN CASING
DISPLACEMENT <u>5.44 bbls</u>	DISPLACEMENT PSI <u>200<sup>+</sup></u>	MIX PSI <u>Bump/ply 60<sup>+</sup></u>	RATE

REMARKS: Safety meeting: Rig up to 2 7/8 tubing. Break circulation with water. Mix 200<sup>+</sup> Gelflush 2bbls DW water. Mix 1185 sks OWC cement with 1/2 phenoseal. AT 17.5<sup>psi</sup> per gal shutdown washout pump & lines. Stuff & plug. Displace with 5.44 bbls Freshwater. Follow with wire line. Top AT 944'. Pullout wire line. Shut well in 450<sup>+</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
5406	40	MILEAGE	4.00	160.00
1126	1185 sks	OWC Cement	1790	2058.50
1107A	57 <sup>lb</sup>	Pheno seal 1/2 per/sk	1.22	69.54
1118B	300 <sup>lb</sup>	Gelflush	.20	60.00
5407		Ten mileage Bulk Truck	m/c	330.00
5502C	3 hrs	80bbl Vacuum Truck	90.00	270.00
1123	4200 gallons	City Water	13.60/1000	65.52
4402	2	2 7/8" Top Rubber Plug	280.00	560.00
		Sub Total	4190.60	
		5% Discount	-209.50	
			3981.10	
		Check # 26041		
		Sub Total	4041.56	
		SALES TAX 6.3%	145.50	
		ESTIMATED TOTAL	4190.60	

RAVIN 9737  
 AUTHORIZATION H. Derrall 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

# Hodown Drilling

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

Andrew King & Steven Leis (Owners)

**BILL TO:**  
Hal Dvorachek  
Quest Development Co.  
P.O. Box 413  
Iola, KS 66749

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

**FOR:** Lehmann well #13

DESCRIPTION	HOURS	RATE	AMOUNT
Drilled 981' 5 7/8" hole		6.00	\$ 5,886.00
set surface (10 sacks cement)		13.00	130.00
SUBTOTAL			\$ 6,016.00
TAX RATE			
SALES TAX			-
OTHER			
TOTAL			\$ 6,016.00

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!**