



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



1075458

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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Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	ANDREW WENDLAND 2
Doc ID	1075458

All Electric Logs Run

DUAL COMPENSATED POROSITY LOG
DUAL INDUCTION LOG
MICRORESISTIVITY LOG
BOREHOLE COMPENSATED SONIC LOG

Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	ANDREW WENDLAND 2
Doc ID	1075458

Tops

Name	Top	Datum
LANSING	968	+67
BASE KANSAS CITY	1316	-281
CHEROKEE	1562	-527
MISSISSIPPI	2056	-1021
KINDERHOOK	2410	-1375
HUNTON	2574	-1539
MAQUOKETA	2680	-1645
VIOLA	2757	-1722
SIMPSON	2851	-1816
SIMPSON SAND	2856	-1821





**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED**

TICKET NUMBER 30334

LOCATION Eureka KS

FOREMAN Rick Ledford

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

API # 15-197-20288-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-25-11	4979	Andrew Wendland #2	4	13	13E	Wabasha
CUSTOMER <u>L.O. Drilling Inc.</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>7 SW 26<sup>th</sup> Ave</u>			<u>530</u>	<u>John</u>		
CITY <u>Great Bend</u>			<u>515</u>	<u>Allen B.</u>		
STATE <u>KS</u>			<u>437</u>	<u>Steve M. (Eldorado)</u>		
ZIP CODE <u>67530</u>						

JOB TYPE logstring 0 HOLE SIZE 7 7/8" HOLE DEPTH 2926' CASING SIZE & WEIGHT 5 1/2" 17"  
 CASING DEPTH 2921' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.6\* SLURRY VOL 34 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'  
 DISPLACEMENT 6.7 3/4 Bbl DISPLACEMENT PSI 700 MAX PSI 1100 Bump plug RATE 8 BPM displacement

REMARKS: Safety meeting - Rig up to 5 1/2" casing. Break circulation w/ 10 Bbl fresh water.  
Pump 10 Bbl caustic soda pre-flush, 5 Bbl water spacer. Mixed 125 sks OWC cement  
w/ 5" Rot-seal/sk @ 13.6\* /gal. yield 1.53. Washout pump + lines, release 5 1/2" rubber plug.  
Displace w/ 6.7 3/4 Bbl fresh water. Final pump pressure 700 PSI. Bump plug to 1100 PSI.  
release pressure, float + plug held. Good circulation @ all times while cementing + displacement  
of plug. 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	6.5	MILEAGE	4.00	260.00
1126	125 sks	OWC cement	17.90	2237.50
110A	6.25*	5" Rot-seal/sk	.44	2.75.00
1103	100*	caustic soda pre-flush	1.52	152.00
5407A	6.5	tan mileage bulk trk	1.26	532.35
5502C	6 hrs	80 Bbl VAC. TRK	90.00	540.00
1123	3000 gals	city water	15.60/1000	46.80
4406	1	5 1/2" top rubber plug	70.00	70.00
			Subtotal	5088.65
			7.8%	SALES TAX
			ESTIMATED	216.95
			TOTAL	5305.60

Revin 8797

AUTHORIZATION

TITLE

840643

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.











Sh. Clay. Body - Sd. Clay. For. S. Sub. Red.

MISSISSIPPI 2052-1017

Sh. Clay. L. - Sh. Clay. Loose. Sd. Green.

Sh. Clay. Sd. Clay. For. S. Sub. Red. Δ 101 1017.

Sh. Clay. V. E. S. Sub.

Sh. Clay. V. S. Sub. For.

Sh. Clay. A. G. A. For. S. Sub. Red. S. Sub.

Sh. Clay. V. E. S. Sub. E. Green.

Sh. Clay. For. S. Sub. Red. S. Sub. Δ 101.

Sh. Clay. For. S. Sub. Red. S. Sub. For. S. Sub. Red.

Sh. Clay. S. Sub.

Sh. Clay. S. Sub. For.

Sh. Clay. For. S. Sub. Red. S. Sub. For.

Sh. Clay. A. G. A. For. S. Sub. Red.

Sh. Clay. A. G. A. For. S. Sub. Red. S. Sub. For.

Sh. Clay. For. S. Sub. Red. S. Sub. For.

Sh. Clay. For. S. Sub. Red. S. Sub. For. S. Sub. Red.

Sh. Clay. For. S. Sub. Red.

BURGESS

2100

2200

2300





