



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: _____



1075682

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Lease Name: Yoho	Spud Date: 11-19-2011	Surface Pipe Size: 8 5/8"	Depth: 42'	TD: 1446
Operator: C&S Oil	Well #18 Yoho	Bit Diameter: 6 3/4"		
Footage taken	Sample type	Footage taken	Sample type	
0_4	soil	1410_1414	shale	
4_12	sand	1414_1446	hard lime	
12_157	shale		1446 TD	
157_206	lime			
206_225	shale			
225_231	lime			
231_258	shale			
258_401	lime			
401_432	soft lime			
432_452	lime			
452_455	shale			
455_457	lime			
457_475	shale			
475_496	lime			
496_508	shale			
508_632	lime			
632_826	shale			
826_834	lime			
834_837	shale			
837_841	lime			
841_898	shale			
898_910	lime			
910_926	shale			
926_930	lime			
930_945	shale			
945_952	lime			
952_964	shale			
964_967	lime			
967_972	shale			
972_974	lime			
974_978	shale			
978_982	oil sand free oil			
982_986	broken sand free oil			
986_1012	shale			
1012_1014	1st cap			
1014_1018	shale			
1018_1019	2nd cap			
1019_1023	good sand free oil			
1023_1026	broken sand free oil			
1026_1084	shale			
1084_1089	black shale			
1089_1294	shale			
1294_1298	broken lime			
1298_1338	shale			
1338_1342	riverton shale			
1342_1353	shale			
1353_1373	hard lime			
1373_1377	1st break			
1377_1386	hard lime			
1386_1392	good odor			
1392_1395	hard lime			
1395_1404	oil showing good odor			
1404_1407	odor			
1407_1410	soft lime			

FED ID# 48-1214033
 MC ID # 165290
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3613A Y Road
 Madison, KS 66860

Hurricane Services, Inc.
P.O. Box 782228
Wichita, KS 67278-2228

Cement, Acid or Tools
Service Ticket

4918

DATE 11-23-11

COUNTY Woodson CITY _____

CHARGE TO C S Oil

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Yoho # 18 CONTRACTOR Steve Leis

KIND OF JOB LongString SEC. 26 TWP. 23s RNG. 16E

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	750.00
148 SKS	QuickSet cement		2442.00
740 lbs	KOI-SEAL 5" Pw/SK		333.00
400 lbs	Gel > Flush Ahead		100.00
6 Hr	water Transport		600.00
6 Hr	water Truck		480.00
	Mileage Trk #270		45.00
8.82 Trks	BULK TRK. MILES		291.06
30	PUMP TRK. MILES		90.00
	Rental on wireline		50.00
1	PLUGS 4 1/2" Top Rubber		38.00
		7.3% SALES TAX	212.64
		TOTAL	5431.70

T.D. _____

SIZE HOLE 6 3/4"

MAX. PRESS. _____

PLUG DEPTH _____

PLUG USED _____

CSG. SET AT 1438' VOLUME 22 1/4 Bbls

TBG SET AT _____ VOLUME _____

SIZE PIPE 4 1/2" - 11.6 lb

PKER DEPTH _____

TIME FINISHED _____

REMARKS: Rig up to 4 1/2" casing, Break circulation w/ 5 Bbls water, 20 Bbl Gel Flush, Circulate gel around with fresh water to condition hole, Pumped 12 Bbl Dye Ahead, Mixed 148 SKS QuickSet cement w/ 5" KOI-SEAL. Shut down - wash out Pump stems - Release Plug - Displace Plug with 22 1/4 Bbls water, Final Pumping @ 600 PSI - Bumped Plug to 1000 PSI - Release Pressure - Float Held Close casing w/ 0 PSI Good cement returns w/ 6 Bbl slurry

EQUIPMENT USED

NAME Kelly Kimberlin UNIT NO. #201
Brad Butler
 HSI REP.

NAME Jerry #202, Zack #105, Mark #141 + #152
 OWNER'S REP.