



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



1075946

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

MAIN OFFICE  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

INVOICE

Invoice # 245471

Invoice Date: 10/31/2011 Terms:

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SHEEDY ENERGY PRODUCTION CO  
ATTN: CHARLES SHEEDY  
709 EAST KANSAS  
YATES CENTER KS 66783  
(620) 625-3440

CHARLES SHEEDY ETAL #1  
33373  
27-25S-14E  
10-28-11  
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	160.00	18.3000	2928.00
1110A	KOL SEAL (50# BAG)	800.00	.4400	352.00
1118B	PREMIUM GEL / BENTONITE	400.00	.2000	80.00
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00
1123	CITY WATER	6000.00	.0156	93.60

Description	Hours	Unit Price	Total
437 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
445 CEMENT PUMP	1.00	975.00	975.00
445 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.00	100.00
515 MIN. BULK DELIVERY	1.00	330.00	330.00
McCOY 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00

Parts: 3498.60 Freight: .00 Tax: 255.40 AR 5699.00  
 Labor: .00 Misc: .00 Total: 5699.00  
 Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

ELDORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

GILLETTE, WY  
307/686-4914

OAKLEY, KS  
785/672-2227

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

WORLAND, WY  
307/347-4577



**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED**

TICKET NUMBER 33373

LOCATION Eureka, KS

FOREMAN Shannon Feck

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT API # 15-207-27964**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-28-11	7390	Charles Sheedy etal #1	27	25S	14 E	Woodson
CUSTOMER Sheedy Energy Production Co.			Rig 6			
MAILING ADDRESS 709 East Kansas			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Yates Center			445	Dave G		
STATE KS			515	Allen B		
ZIP CODE 66783			437	Alan m		
			mccoy 90 Bbl			

JOB TYPE Longstring oil HOLE SIZE 6 3/4" HOLE DEPTH 1545 CASING SIZE & WEIGHT 4 1/2 @ 10.50 #  
 CASING DEPTH 1529 G.L. DRILL PIPE --- TUBING --- OTHER ---  
 SLURRY WEIGHT 13.2-13.4 SLURRY VOL 55 Bbl WATER gal/sk --- CEMENT LEFT in CASING none  
 DISPLACEMENT 24 1/4 DISPLACEMENT PSI 600 MIX PSI plug to 1100 RATE 58 BPM

REMARKS: Rig up to 4 1/2" casing with swedge & valve & pump 400# gel-flush, Hook DR66 rig back up to circulate gel around. Rig back up to 4 1/2" casing with head & manifold, Break circulation with 5 Bbl water. Mixed 160 SKS Thickset Cement with 5# Kol-seal/sk @ 13.2-13.4#/gal. Shut down wash out pump & lines & displace with 24 1/4 Bbl ~~water~~ Fresh water. Final pumping pressure of 600 psi, bumped plug to 1100 psi. Wait two minutes & check plug. Plug held good. Good circulation @ all times 3 Bbl Slurry to pit. Stayed 30 minutes and kept hole full. Was slowly falling back. Job Complete

"Thanks Shannon & Crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	25	MILEAGE	4.00	100.00
1126A	160 SKS	Thick Set Cement	18.30	2928.00
1110 A	800#	Kol-seal @ 5#/sk	.44	352.00
1118 B	400#	gel-flush	.20	80.00
5407	8.8 Tons		M/C	330.00
4404	1	4 1/2 Top Rubber Plug	45.00	45.00
1123	6000 gal	city water	15.00/1000 gal	93.60
5502 C	3 HRS	80 Bbl Val Truck	90.00/HR	270.00
5502 C	3 HRS	80 Bbl Val Truck (McCoy Trucking)	90.00/HR	270.00
			Sub total	5443.60
			7.3% SALES TAX	255.40
			ESTIMATED TOTAL	5699.00

Revin 3737

245411

AUTHORIZATION

Ron P... ..

TITLE

Driller

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.