



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



1076947

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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CONSOLIDATED OIL WELL SERVICE, INC.  
211 W. 14TH STREET, CHANUTE, KS 66720  
620-431-9210 OR 800-467-8676

TICKET NUMBER 1024  
LOCATION Bartlesville  
FOREMAN Tracy L. Williams

### TREATMENT REPORT & FIELD TICKET CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-28-04	6628	Schwatken Rev. Trust 24-1	24	31S	14E	MG
CUSTOMER <u>Quest Cherokee LLC</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			418	Jim		
CITY			407	Bobby		
STATE			428	Danny		
ZIP CODE			408	Tom		
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT	OTHER		
<u>LS</u>	<u>6 7/8</u>	<u>1450</u>	<u>4 1/2</u>	<u>10.5</u>		
CASING DEPTH	DRILL PIPE	TUBING	CEMENT LEFT in CASING	RATE		
<u>1445</u>				<u>5</u>		
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	DISPLACEMENT PSI			
			<u>1000</u>			
DISPLACEMENT	MIX PSI	REMARKS:				
<u>23</u>	<u>250</u>	<u>Washed 3 joints out of 9 joints. Ran 2 sks of gel + circulated to surface. Rigged up to cement. Ran 16 bbl of dyc with 15 gal of sodium silicate in last four bbl. Ran 110 sks of 50/50 pozmix with 5# gilsonite, 5# salt, 2 gal #4 # flg with first four bbl @ 12.5 ppg. The rest @ 13.5 ppg. Then ran 85# of OWC cement with 5# gilsonite @ 13.8 ppg. Shut down + washed up behind plug. Pumped plug to bottom + latched plug into insert. Release pressure + shut in. Circulated 10 bbl cement slurry to pit.</u>				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	45	MILEAGE		210.00
1109	3sks	Flg Seal		105.75
1110	20sks	Gilsonite		
1111	250#	Granulated Salt		
1111B	15gal	Sodium Silicate		120.00
1118	4sks	Premium Gel		407.00
1123	8500gal	City Water		65.00
1124	110sks	50/50 Pozmix		152.50
1126	85sks	OWC		49.60
1215	2gal	KCL		92.75
5407	min	Tan Mileage		259.00
5501C	4hrs	Transport		1007.25
5502C	4hrs	80 Vac		46.20
				225.00
				336.00
				312.00
		Montgomery Co 5.3%	SALES TAX	141.14
			ESTIMATED TOTAL	4539.19

RECEIVED  
KANSAS CORPORATION COMMISSION  
APR 18 2006  
CONSERVATION DIVISION  
WICHITA, KS

AUTHORIZATION

TITLE

DATE

191664

**RECEIVED**  
 JUL 15 2004  
 QUEST CHEROKEE, LLC.

Air Drilling  
 Specialist  
 Oil and Gas Wells  
 Operator



**M.O.K.A.T. DRILLING**  
 Office Phone: (620) 879-5377



**FILE**

P.O. Box 590  
 Caney, KS 67333

Well No. 24-1	Legislatively Approved	Sec. 24	Twp. 31	Rge. 14E
County MONTGOMERY	State KS	Depth 1450'	Hours	Date Started 7-8-04
By QUEST CHEROKEE, LLC.	TRUST	Type/Well	Size	Date Completed 7-10-04
Casing Used 22' OF 8 5/8"	Bit Record	From	To	% Rec.
Cement Used	Bit No.	Type	size	
Rig No. 1	6 3/4"			
Hammer No.				

**Formation Record**

From	To	Formation	From	To	Formation	From	To	Formation
0	8	OVERBURDEN	675	676	COAL	1051	1055	SHALE
8	40	LIME	676	690	BLACK SHALE	1055	1063	LIME
40	43	SHALE	686		GAS TEST LIGHT BLOW	1062		GAS TEST SAME
43	79	LIME	690	692	COAL	1063	1071	SHALE
79	82	SHALE	692	722	SHALE	1071	1072	LIME
82	84	LIME	722	755	LIME	1072	1073	BLACK SHALE OR COAL
84	87	BLACK SHALE	755	770	SHALE	1073	1093	SHALE
87	203	GREY SHALE	770	781	LIME	1087		GAS TEST SAME
203	212	LIME	781	783	COAL	1093	1095	COAL
212	253	LIMEY SHALE	783	825	SHALE	1095	1142	SHALE
253	270	LIME	825	850	SANDY SHALE & SAND	1142	1143	COAL
270	304	LIMEY SHALE	850	907	SANDY SHALE	1143	1210	SHALE
304	307	SHALE	907	925	LIME PAWNEE	1187		GAS TEST SAME
307	310	LIME	912		GAS TEST SAME	1210	1245	SANDY SHALE & SAND
310	382	SAND	925	926	BLACK SHALE	1245	1309	SHALE
382	410	SHALE	926	927	LIME	1309	1311	LIME
410	415	LIME	927	931	BLACK SHALE	1311	1361	SANDY SHALE
415	430	SHALE	931	992	GREY SHALE	1361	1364	BLACK SHALE OR COAL
430	445	LIME	937		GAS TEST SAME	1364	1380	SHALE
445	460	SHALE	992	1016	LIME OSWEGO	1380		GAS TEST SAME
460	462	LIMEY SHALE	1016	1019	BLACK SHALE OR COAL	1380	1381	COAL
462	501	LIME	1019	1020	LIME	1381	1392	SHALE
501	503	SHALE	1020	1022	BLACK SHALE	1392	1393	COAL
503	520	LIME	1022	1023	LIME	1393	1399	BLACK SHALE
520	530	SANDY SHALE	1023	1027	BLACK SHALE OR COAL	1399	1424	CHAT MISSISSIPPI
530	597	SAND & SANDY SHALE	1027	1041	LIME	1403		GAS TEST 27# 1/4"
597	626	LIME	1037		GAS TEST 0# 1/8"	1424	1450	LIME
626	632	SHALE	1041	1044	BLACK SHALE OR COAL			T.D. 1450'
632	634	COAL	1044	1045	LIME			
634	665	SHALE	1045	1046	COAL			
665	675	LIME	1046	1051	LIME			

RECEIVED  
 MISSOURI COMMISSION  
 APR 18 2006  
 CONSERVATION DIVISION  
 WICHITA, KS