



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



1081362

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

Novy Oil & Gas Inc,

**28-8s-19w Rooks KS**

P.O. Box 559  
Goddard KS, 67052

**Stice #8**

Job Ticket: 46304

**DST#: 2**

ATTN: Mack Armstrong

Test Start: 2012.04.04 @ 01:09:00

## GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 02:21:40

Time Test Ended: 08:20:00

Test Type: Conventional Bottom Hole (Reset)

Tester: Cody Bloedorn

Unit No: 38

**Interval: 3417.00 ft (KB) To 3463.00 ft (KB) (TVD)**

Reference Elevations: 2015.00 ft (KB)

Total Depth: 3463.00 ft (KB) (TVD)

2010.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 5.00 ft

**Serial #: 8520 Outside**

Press @ Run Depth: 171.79 psig @ 3452.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.04.04

End Date:

2012.04.04

Last Calib.:

2012.04.04

Start Time: 01:19:00

End Time:

08:20:00

Time On Btm:

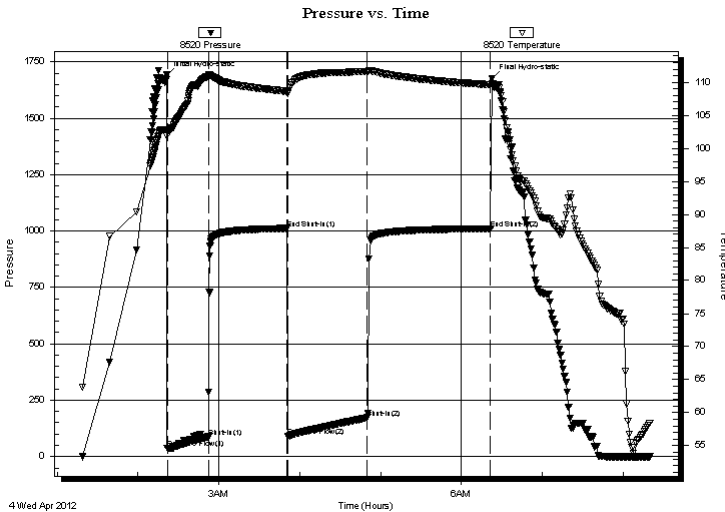
2012.04.04 @ 02:21:30

Time Off Btm:

2012.04.04 @ 06:22:30

**TEST COMMENT:** 30 - IF- 5" blow  
60 - IS- No blow back  
60 - FF- 7"blow  
90 - FS- Weak surface blow , died in 25 Min.

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1691.05	102.84	Initial Hydro-static
1	36.16	101.91	Open To Flow (1)
31	87.51	110.87	Shut-In(1)
89	1011.58	108.63	End Shut-In(1)
90	89.80	108.38	Open To Flow (2)
149	171.79	111.59	Shut-In(2)
240	1011.17	109.63	End Shut-In(2)
241	1676.60	109.75	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
186.00	VSOCMW, 5%O, 10%M, 85%W	2.61
150.00	WM, 15%W, 85%M	2.10
5.00	Free Oil, 100%O	0.07

## Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

\* Recovery from multiple tests



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Novy Oil & Gas Inc,

**28-8s-19w Rooks KS**

P.O. Box 559  
Goddard KS, 67052

**Stice #8**

Job Ticket: 46304

**DST#: 2**

ATTN: Mack Armstrong

Test Start: 2012.04.04 @ 01:09:00

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 54.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.80 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1900.00 ppm

Filter Cake: inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
186.00	VSOCMW, 5%O, 10%M, 85%W	2.609
150.00	WM, 15%W, 85%M	2.104
5.00	Free Oil, 100%O	0.070

Total Length: 341.00 ft      Total Volume: 4.783 bbl

Num Fluid Samples: 0

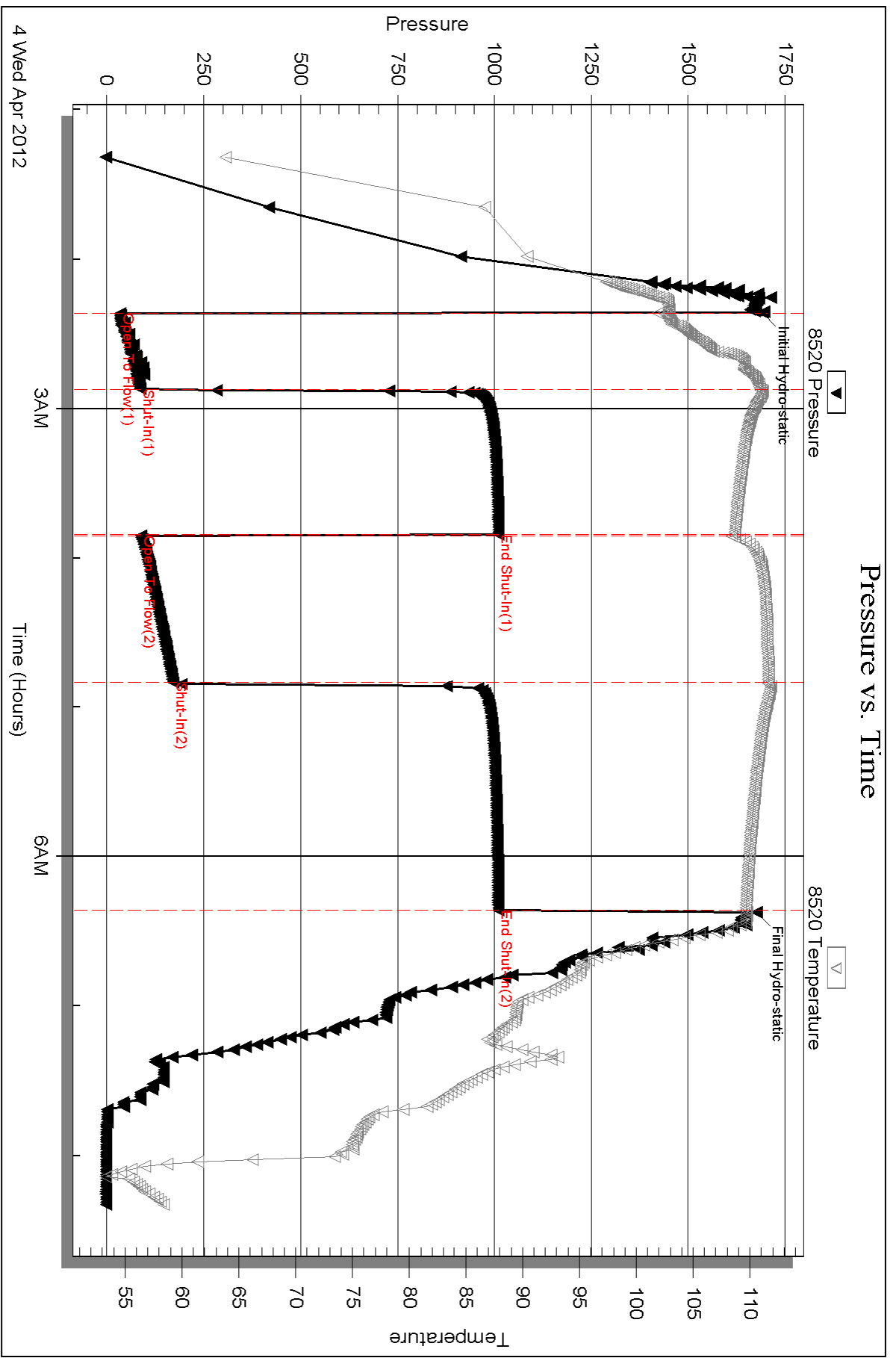
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



# ALLIED CEMENTING CO., LLC. 034640

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 71  
RUSSELL, KANSAS 67665

SERVICE POINT:  
RUSSELL

DATE <u>3-30-12</u>	SEC <u>28</u>	TWPS <u>8S</u>	RANGE <u>19W</u>	CALLED OUT	ON LOCATION	JOB START <u>4AM</u>	JOB FINISH <u>4:15AM</u>
LEASE <u>STICE</u>	WELL# <u>8</u>	LOCATION <u>ZURICH - 6<sup>N</sup> - 1/4<sup>W</sup> - N, INTO</u>			COUNTY <u>ROCKS</u>	STATE <u>KS</u>	

OLD OR (NEW) (Circle one)

CONTRACTOR ROYAL #1

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D.

CASING SIZE 8 3/8 DEPTH 211.57

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15 FT

PERFS.

DISPLACEMENT 12.5

EQUIPMENT

OWNER \_\_\_\_\_

CEMENT AMOUNT ORDERED 170<sup>SK</sup> A 3% " 2%

COMMON 170 @ 16.25 2762.5

POZMIX 3 @ 21.25 63.75

GEL 6 @ 58.20 349.2

CHLORIDE \_\_\_\_\_

ASC \_\_\_\_\_

HANDLING 179 @ 2.25 402.75

MILEAGE 60 x 179 x .11 1181.4

TOTAL 4759.6

PUMP TRUCK # 409 CEMENTER Bob Smith  
HELPER TONY

BULK TRUCK # 410 DRIVER CODY

BULK TRUCK # \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:

pumped 170<sup>SK</sup>

CEMENT CIRCULATED TO SURFACE

CHARGE TO: NOVY OIL & GAS

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB 211.57

PUMP TRUCK CHARGE 1125.00

EXTRA FOOTAGE @ \_\_\_\_\_

MILEAGE H 60 @ 7.00 420.00

MANIFOLD @ \_\_\_\_\_

Ldv m 60 @ 4.00 240.00

TOTAL 1785.00

PLUG & FLOAT EQUIPMENT

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

To Allied Cementing Co., LLC.  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Doug Budig

SIGNATURE Doug Budig

TOTAL 0

SALES TAX (If Any) 200.05

TOTAL CHARGES 6544.60

DISCOUNT 20/50 1861.34 IF PAID IN 30 DAY



energy services, L.P.

PG. # 1 OF # 2 BOTTOM STAGE

**TREATMENT REPORT**

Customer: NOUVOIL GAS INC. Lease No. \_\_\_\_\_ Date: 4-5-2012  
 Lease: STICE Well #: 8  
 Field Order #: 05194 Station: PRATT, KS. Casing: 5 1/2" Depth: \_\_\_\_\_ County: ROOKS State: KS.  
 Type Job: CNW-5 1/2" 2-STAGE Formation: TD-3463' Legal Description: 28-8-19

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<u>5 1/2" x 15.5"</u>				<u>175 SKS A-CON</u>				
Depth	Depth	From	To	Pre Pad		Max		5 Min.
<u>3458'</u>				<u>@ 2.12 CUFT</u>		<u>51=42'</u>		
Volume	Volume	From	To	Pad		Min		10 Min.
<u>22 BBL</u>				<u>175 SKS. 60/40 R2</u>				
Max Press	Max Press	From	To	Frac		Avg		15 Min.
<u>1500</u>				<u>@ 1.41 CUFT<sup>3</sup></u>				
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
<u>1.1C</u>								
Plug Depth	Packer Depth	From	To	Flush		Gas Volume		Total Load
<u>3116'</u>				<u>4 H<sub>2</sub>O / 38 MUD = 81 BBL</u>				

Customer Representative: KURT Station Manager: D. SCOTT Treater: K. LESLEY

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:00 PM					ON LOCATION - SAFETY MEETING
10:30 PM					RUN 5 1/2" x 15.5" CSG.
					TURBO. - 2, 12, 42, 46, 48, 49
					BASK - 11, 41
12:00 AM					DV TOOL - #47 (1,941')
12:05 AM					CSG. ON BOTTOM
1:15 AM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
2:15 AM	300		12	6	SET PACKER SHOE
2:16 AM	300		5	6	MUD FLUSH
2:27 AM	250		66	6	H <sub>2</sub> O SPACER
2:34 AM	200		44	6	MIX 175 SKS. A-CON @ 12.6 PPG
2:40 AM					MIX 175 SKS. @ 14.3 PPG
2:45 AM	0		0	7	CLEAR PUMP & LINE / DROP L.D. PLUG
2:52 AM	300		44	6	START DISPLACEMENT - H <sub>2</sub> O
2:54 AM	500		50	5	SWITCH TO MUD
2:58 AM	700		70	4	LIFT PRESSURE
3:00 AM	1500		81	4	SLOW RATE
3:15 AM	800				PLUG DOWN - HELD
3:30 AM					DROP D.V. OPEN PLUG
					OPEN D.V. TOOL
					CIRC. W/ RIG PUMP

Taylor Printing, Inc. 620-672-3656



energy services, L.P.

PG. # 2 OF # 2 TOP STAGE

TREATMENT REPORT

Customer	NOVY OIL & GAS	Lease No.		Date	4-5-2012		
Lease	STICE	Well #	8				
Field Order #	03994	Station	PRATT, KS.	Casing	3 1/2"	Depth	
Type Job	CNW - 5 1/2" 2-STAGE	Formation	TD = 3463'	County	ROOKS	State	KS.
		Legal Description	28-8-19				

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
5 1/2" x 15.5			CMT -	260 SKS. A-CON				
Depth	Depth	From	To	Pre Pad	Max			5 Min.
				@ 2.12 CUFT <sup>3</sup>				
Volume	Volume	From	To	Pad	Min			10 Min.
Max Press	Max Press	From	To	Frac	Avg			15 Min.
1500								
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
P.C.								
Plug Depth	Packer Depth	From	To	Flush	Gas Volume			Total Load
1741'				46 BBL H <sub>2</sub> O				

Customer Representative	KURT	Station Manager	D. SCOTT	Treater	K. LESLEY
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Service Units	37586	19889	19843	19832	21010	14354	19578				
Driver Names	LESLEY	MARQUEZ	—	PIERSON	—	LIBERAL	BLK	TRK.			

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
4:00 AM	200		98	7	MIX 260 SKS. A-CON @ 12.6 PPG
4:15 AM					CLEAR PUMP & LINE - DROP DV CLOSE PLUG
4:27 AM	0		0	5	START DISPLACEMENT
4:35 AM	100		35	3	SLOW RATE
4:45 AM	1700		46	3	PLUG DOWN - CLOSED D.V. TOOL CIRC. THRU JOBS
					CIRC. 5 BBL CMT TO PIT
					PLUG R.H. & M.H.
					JOB COMPLETE,
					THANKS -
					KEVEN LESLEY