



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: _____



1081528

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	Craig, Ward dba Craig Oil Company
Well Name	H.J. Mai 3
Doc ID	1081528

Tops

Name	Top	Datum
Anhydrite	918-52	+1000
Topeka lime	2816	-898
Heebner Shale	3046	-1128
Toronto Lime	3062	-1144
Douglas Shale	3078	-1160
LKC	3110	-1422
BKC	3340	-1438
Arbuckle	3356	-1438

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 5351

Cell 785-324-1041

Date	9-21-2010	Sec.	Twp.	Range	County	State	On Location	Finish
Lease	NT Mai	Well No.	3	Location		Russell 105	W+S+U into	
Contractor	Royal Drly	Owner	To Quality Oilwell Cementing, Inc.					
Type Job	Long Surface	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.						
Hole Size	12 1/4	T.D.	872	Charge To		Craig Oil Co		
Csg.	8 5/8	Depth	872	Street				
Tbg. Size		Depth		City				
Tool		Depth		State				
Cement Left in Csg.	10-20'	Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.				
Meas Line		Displace	53 BBL	Cement Amount Ordered		350 Com 3Y2		

EQUIPMENT

Pumptrk	5	No.	Cementer	Paul	Common
			Helper		
Bulktrk	3	No.	Driver	Rick	Poz. Mix
			Driver		
Bulktrk	pu	No.	Driver	Dave	Gel.
			Driver		

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
	Sand
	Handling
	Mileage

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	1 Baffle plate
	1 8" Rubber plug
	Pumptrk Charge
	Mileage

	Tax
	Discount
	Total Charge

X Signature *Doug Breezy*

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 4503

Date	9/26/10	Sec.	23	Twp.	15	Range	14	County	Russell	State	KS	On Location		Finish	7:15 PM
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Lease	H.J. Map	Well No.	3	Location	Russell, 10 S, 12 W into
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Contractor	Royal Drilling Rig #1	Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Type Job	Long String	Charge To	Craig Oil Co.
Hole Size	7 7/8"	T.D.	3364'
Csg.	5 1/2" 17#	Depth	3359'
Tbg. Size		Depth	
Tool		Depth	
Cement Left in Csg.	37'	Shoe Joint	37'
Meas Line		Displace	77 Bbl.
		Cement Amount Ordered	180 ex Com 10% Salt

EQUIPMENT			
Pumptrk	5	No.	Cement Helper Paul
Bulktrk	8	No.	Driver Craig
Bulktrk	AV	No.	Driver Corey
Common			
Poz. Mix			
Gel.			

JOB SERVICES & REMARKS	
Remarks:	
Rat Hole	30 ex
Mouse Hole	15 ex
Centralizers	1, 4, 7, 10, 13
Baskets	1
D/V or Port Collar	
Est. Circulation	
Set Packer shoe	
Pump 500 gal Mud Clear 48	
Plug 1/2" house hole	
Mix 135 ex down 5 1/2"	
Displace	
Lead Plug	
Float	

FLOAT EQUIPMENT	
Guide Shoe	1 Packer shoe
Centralizer	5-Turbos
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	

2 9' landing JTs	
Pumptrk Charge	Pro Long String
Mileage	

X Signature	Long String	Tax	
		Discount	
		Total Charge	