



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: \_\_\_\_\_



1082543

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				

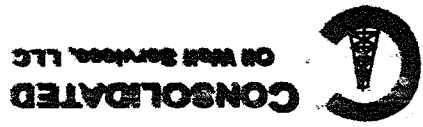
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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ENTERED

TICKET NUMBER 34018  
 LOCATION # 180 El Dorado  
 FOREMAN Jacob Storm

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

CEMENT Ag: 15-035-24453-00-00

FIELD TICKET & TREATMENT REPORT

DATE	12-7-11	2871	West Muddy Unit # 2 vsu	WELL NAME & NUMBER	3	SECTION	33	TOWNSHIP	SE	RANGE	COVLY	COUNTY
CUSTOMER	Future Petroleum			CUSTOMER #	77254	TRUCK #	446	DRIVER	Jeff	TRUCK #		DRIVER
MILING ADDRESS	P.O. Box 54025			STATE	TX	DRIVER	491	DRIVER	Joe	TRUCK #		DRIVER
CITY	Houston			ZIP CODE	77254	DRIVER	442	DRIVER	Mark	TRUCK #		DRIVER

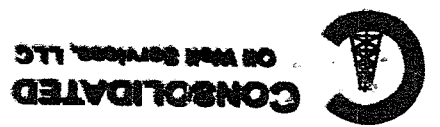
JOB TYPE	Long string B	HOLE SIZE	7 7/8	HOLE DEPTH	2200	CASING SIZE & WEIGHT	5 1/2
CASING DEPTH	2205	DRILL PIPE	N/A	TUBING	N/A	OTHER	
SLURRY WEIGHT	14.5 lb	SLURRY VOL		WATER gal/sk		CEMENT LEFT IN CASING	
DISPLACEMENT	52.32	DISPLACEMENT PSI		MIX PSI		RATE	4 bpm

REMARKS: Safety meeting, Run 5 1/2 placed centralizer on 1, 5, 20, 48, centralizer for 1 hr, pumped 5 bbl fresh water flush, mixed 200 sks 60/40 large SK, 1/2 lb poly-XC, added with 75 SKs thick set SK, placed float held plug down landing plug at 1500 psi, checked float

AFE # 175230

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5101	1	PUMP CHARGE	1030.00	1030.00
5106	45	MILEAGE	4.00	180.00
5107	2	min bulk delivery	350.00	700.00
5102	300	footage	0.22	66.00
1131	200	60/40 poz	12.55	2510.00
1126 A	75	Thick set	19.20	1440.00
1118 B	2000	gel	0.21	420.00
1110 A	1350	Kol-seal	0.46	621.00
1102	160	Calcium chloride	0.74	118.40
1107	100	poly flake	2.35	235.00
4104	0	5/2 cement basket	229.00	0.00
4130	4	5/2 centralizer	48.00	192.00
4159	1	5/2 AEU float shoe	344.00	344.00
4454	1	5/2 latch down plug	254.00	254.00
		Subtotal		8110.40
		SALES TAX		417.14
		ESTIMATED TOTAL		8527.54

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.



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

ENTERED

TICKET NUMBER 34017

LOCATION # 180 Eldorado

FOREMAN Jacob Storm

FIELD TICKET & TREATMENT REPORT

AP: 15-035-24453-00-00

DATE	12-2-11	CUSTOMER #	287	WELL NAME & NUMBER	West modlix cont # 2 WSR
CUSTOMER	Future Petroleum	SECTION	3	DRIVER	Jenid
MILING ADDRESS	PO Box 540225	TRUCK #	290	TRUCK #	491
CITY	Houston	DRIVER	Jacob	DRIVER	Jacob
STATE	TX	DRIVER	Jacob	DRIVER	Jacob
ZIP CODE	77254	DRIVER	Jacob	DRIVER	Jacob

JOB TYPE	Surface B	HOLE SIZE	12 1/4	HOLE DEPTH	217
CASING DEPTH	210 FT	TUBING		CASING SIZE & WEIGHT	8 5/8
DRILL PIPE		OTHER			
SLURRY WEIGHT	14.516	WATER GALS/K		CEMENT LEFT IN CASING	Wt
DISPLACEMENT	13.87	MIX PSI	200	RATE	3 1/2

REMARKS: Softy wearing, Run pipe to ft, break circulation, mixed 150 sks class A 3/8" x 1/2" poly, displaced 13.0 bbl circulating cement to surface, pumping, 1 bbl slurry to pit, shut in.

AFE # 175d230

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	45	MILEAGE	4.00	180.00
5407A	45	X 7.05 ton mileage X	1.34	425.18
11045	150	Class A	14.95	2242.50
1107	75	poly flake	2.35	176.25
1118 B	300	gel	0.21	63.00
1102	400	Calcium chloride	0.74	296.00
4432	1	85% wooden plug	80.00	N/C
		Subtotal		4207.87
		Bid discount		-209.13
		Subtotal		3998.74
		SALES TAX		189.89
		ESTIMATED TOTAL		4188.63

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.