



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



1083274

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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**Michael Drilling, LLC**  
**P.O. Box 402**  
**Iola, KS 66749**  
**620-496-7795**

Company: Rick Michael  
 Address: PO Box 402  
Iola Kansas 66749  
 Ordered By: Rick

Date: 03/05/12  
 Lease: V. Latta Living Trust  
 County: Allen  
 Well#: WD-1  
 API#: 15-001-30304-00-00

**Drilling Log**

FEET	DESCRIPTION	FEET	DESCRIPTION
0-16	Overburden	958-973	Oil Sand
16-80	Lime	973-1032	Sand
80-121	Shale	1032-1114	White Sand
121-160	Lime	1114-1117	Lime
160-193	Shale	1117-1120	Shale
193-199	Lime	1120-1122	Coal
199-223	Shale	1122-1141	Shale
223-269	Lime	1141-1200	Mississippi Lime
269-360	Lime with Shale Streaks	1200	TD
360-368	Lime		
368-395	Shale		Surface 
395-475	Lime		
475-558	Shale		
558-596	Lime		
596-641	Shale		
641-662	Lime		
662-680	Shale		
680-697	Lime		
697-707	Shale		
707-712	Lime		
712-742	Shale		
742-747	Sand-Light Odor		
747-932	Shale		
932-958	Sand		



**CONSOLIDATED**  
Oil Well Services, LLC

*Pd. 5-4-2012  
MD/YC CK #3551  
\$5116.76*

**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 # 249460

Invoice Date: 04/30/2012 Terms:

Page 1

MICHAEL DRILLING  
BOX 402  
IOLA KS 66749  
( ) -

V-LATTA LIVING TRUST DW #1  
34620  
4-24S-18E  
04-28-12  
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	135.00	18.8000	2538.00
1118B	PREMIUM GEL / BENTONITE	250.00	.2100	52.50
1118B	PREMIUM GEL / BENTONITE	400.00	.2100	84.00

Description	Hours	Unit Price	Total
485 CEMENT PUMP	1.00	1030.00	1030.00
485 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.00	200.00
611 TON MILEAGE DELIVERY	351.00	1.34	470.34
637 80 BBL VACUUM TRUCK (CEMENT)	6.00	90.00	540.00

*5-30*

Parts:	2674.50	Freight:	.00	Tax:	201.92	AR	5116.76
Labor:	.00	Misc:	.00	Total:	5116.76		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_ Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED**

TICKET NUMBER 34620  
LOCATION Eureka  
FOREMAN Steve Mearl

**FIELD TICKET & TREATMENT REPORT**

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

**CEMENT APT 15-001-30304**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-28-12	5448	U. Lara Living Trust WD*1	4	243	18E	Allen
CUSTOMER <u>Michael Drilling LLC</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>1304 E ST</u>			<u>611 Alan M.</u>			
CITY STATE ZIP CODE <u>Zola KS 66749</u>			<u>637 Joey</u>			
			<u>637 Jim</u>			

JOB TYPE Long string 0 HOLE SIZE 6 3/4 HOLE DEPTH 1300' CASING SIZE & WEIGHT 4 1/2 10.5c\*  
CASING DEPTH 1149' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 20'  
DISPLACEMENT 18 bbl DISPLACEMENT PSI 200\* MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting. Rig up to 4 1/2 casing with wash head. Wash down 14 joints casings. Pump 400\* Gel Flush. Bring all away round. Rig wash head down. Drop Brass ball. Rig back up to well wait 5 min. Pump about 5 bbls fresh water. Set packer shoe 700\*. Pump Fresh water ahead. Mix 135 sks OWS Cement AT 13.6\*/gal. Shutdown wash out pump & line. Displace with 18 bbls Fresh water. Final pumping pressure 700\*. Shut down shut well in with 700\*. Good cement returns to surface 4 bbl slurry to pit. Job complete Rig down.

Thank you.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	50	MILEAGE	4.00	200.00
1126	135 sks	OWS Cement Cement	18.80	2538.00
1118B	250*	Gel 2% Additional in Cement	.21	52.50
1118B	400*	Gel Flush	.21	84.00
5407A	7.02 tons	Ton mileage bulk truck	1.34	470.34
5302C	6 hrs	80 bbl Vacuum Truck	90.00	540.00
			SubTotal	4914.84
			SALES TAX 7.55%	201.92
			ESTIMATED TOTAL	5116.76

Ravin 3737

AUTHORIZATION Steve Mearl

249460

TITLE \_\_\_\_\_ 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.