



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: _____



1085060

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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Lease Name: Remlinger/Gleue	Spud Date: 4-17 2012	Surface Pipe Size: 7"	Depth: 45'	T.D. 1010
Operator: Ron Bob	Well # S60-15	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_3	soil			
3_29	sandy			
29_39	shale and gravel			
39_112	shale			
112_167	lime			
167_258	shale			
258_268	lime			
268_282	shale			
282_298	lime			
298_303	shale			
303_375	lime			
375_408	shale			
408_428	lime			
428_438	shale			
438_525	lime			
525_530	shale			
530_535	lime			
535_537	shale			
537_552	lime			
552_717	shale			
717_721	lime			
721_742	shale			
742_752	lime			
752_767	shale			
767_773	lime			
773_789	shale			
789_794	lime			
794_818	shale			
818_835	lime			
835_849	shale			
849_857	lime			
857_870	shale			
870_872	lime			
872_80	shale			
880_882	lime			
882_890	shale			
890_893	lime			
893_903	shale			
903_906	lime			
906_939	shale			
939_940	1st cap			
940_943	shale			
943_944	2nd cap			
944_947	good free oil			
947_949	good sand			
949_952	broken some good oil			
952_955	dark gray sandy shale			
955_1010	shale			
1010 TD				

Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765

Ticket Number 100071
 Location Madison
 Foreman Brad Butler / Zack Henson

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
4-19-12		S-60 #15		Woodson
Customer <u>Row + Bob</u>		Mailing Address	City	State Zip

Job Type: <u>Longstring</u>	Truck #	Driver
	<u>201</u>	<u>Joe S.</u>
Hole Size: <u>5 7/8"</u>	Casing Size:	Displacement: <u>5.8 Bbls.</u>
Hole Depth:	Casing Weight:	Displacement PSI: <u>500</u>
Bridge Plug:	Tubing: <u>2 7/8" or 1004"</u>	Cement Left in Casing: <u>0"</u>
Packer:	PBTD: <u>1004"</u>	
		<u>*143-151</u>
		<u>Jerry</u>

Quantity Or Units	Description of Services or Product	Pump charge	
<u>0</u>	Mileage <u>Truck in area</u>	\$3.25/Mile	<u>n/c</u>
<u>109</u> SACKS	<u>Quick Set cement</u>	<u>17.25</u>	<u>1880.25</u>
<u>200</u> lbs.	<u>Gel > Flush Ahead</u>	<u>.30</u>	<u>60.00</u>
<u>3</u> Hrs	<u>water Truck</u>	<u>84.00</u>	<u>252.00</u>
<u>2 1/2</u> Hrs	<u>water Truck</u>	<u>84.00</u>	<u>210.00</u>
<u>6.26</u> Tons	<u>Bulk Truck > minimum charge</u>	\$1.15/Mile	<u>250.00</u>
<u>2</u>	<u>Plugs 2 7/8" Top Rubber</u>	<u>25.00</u>	<u>50.00</u>
	Subtotal		<u>3492.25</u>
	Sales Tax		<u>145.29</u>
	Estimated Total		<u>3637.54</u>

Remarks: Rig upto 2 7/8" Tubing, Break circulation with fresh water, 10 Bbl. Gel Flush - circulate Gel around To condition Hole, Mixed 109 SRS Quick Set cement, shut down - wash out Pump Lines. Release 2- Plugs > Displaced Plugs with 5 3/4 Bbls water. Final Pumping @ 500 PSI Bumped Plugs To 1100 PSI close Tubing w/ 1100 PSI Good cement returns w/ 5 1/2 Bbl. slurry

"Thank you"

Witnessed by Bob

Customer Signature

Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 620-437-2661

Ticket Number 5226
 Location _____
 Foreman Julie #390

Acid
 Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5/22/12		SAFENIGHT 60 #15		WD
Customer	Mailing Address		City	State Zip
Row 4 BOB				KS

Well Data		Truck #	Driver	Truck #	Driver
Casing Size 2 7/8	Total Depth 1000	303/320	SP		
Casing Weight	Plug Depth	143/151	SEBNS		
Tubing Size	Packer Depth	144/152	DERBERT		
Tubing Weight	Open Hole	141/311	LODY		
Perfs 948-960		104	DANNY		
Break PSI 1000	Max PSI 1000	251	JUSTIN		
Treat PSI 600-650	ISIP 300				

Quantity	Acid	Additives Used	Charge
1	303	Pump Charge	875 ⁰⁰
100	152	Acid with inhibitor	195 ⁰⁰
		Mud Acid	
114		NE-320	5 ⁹⁸
		FSW-4100	
		Iron Stay	
5		Bacicide BAKHOLVE	112 ⁵⁰
		Clay Stay	
6		KCL	157 ⁰⁰
3		Biocide	114 ⁰⁰
15		Gel	417 ⁰⁰
1/2		Breaker	81 ⁰⁰
5000		Ball Sealers CITY WATER	65 ⁰⁰
1	141/311	Ball Gun SAND DEZ	150 ⁰⁰
13	303	Pump truck Mileage	42 ⁷⁵
1	320	Acid Transport	N/C
1	310	Acid Spotter	300 ⁰⁰
13	390	Pickup Mileage	19 ⁵⁰
2	104	80 Vac	N/C
2	144/143	Transport	420 ⁰⁰
10 SKS		20/40 SAND	300 ⁰⁰
30 SKS		12/20 SAND	960 ⁰⁰
		*BID PRICE	Total 4,215 ⁰³

Remarks: SPOT 100 GAL 152. TEST LINE TO 3000. LOAD AND BREAK
 EST RATE 10MPM @ 600 PSI. Pump 1000L SPACER 10 SKS 20/40 AND
 30 SKS 12/20 SAND. PSI UP 650 FLUSH COVER ISIP 300 130 TOTAL
 FLUID.