



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



1085121

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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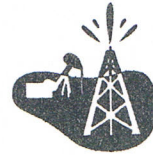
DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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COPY

# Billing Statement

Invoice #

Dale Jackson Production  
Box 266, Mound City, Ks 66056  
Cell # 620-363-2683  
Office and Fax # 913-795-2991



Date	Well#	Lease Name	Work Description	Price	Total
3/2/12	70	AUST	29' surface	\$15pf	\$435.00
			Gel cotton seed hulls ,plugging, rig time		\$600.00
			Pit & haul water		\$400.00
			total		\$1435.00
3/17/12	82	AUST	29' surface	\$15.pf	\$435.00
			201' , 5 5/8" hole	\$8.pf	\$1608.00
			2 cores	\$600.00	\$1200.00
			Run 190' , 2 7/8" and cement		\$600.00
			Pit & water hauling		\$400.00
			total		\$4243.00
3/16/12	81	AUST	32' , surface	\$15.pf	\$480.00
			225' , 5 5/8" hole	\$8.pf	\$1800.00
			2 cores	\$600.00	\$1200.00
			Run 220' , 2 7/8" pipe & cement		\$600.00
			Pit & haul water		\$400.00
			total		\$4480.00
3/9/12	74	AUST	31' ,surface	\$15.pf	\$465.00
			365' , 5 5/8" hole	\$8.pf	\$2920.00
			2 cores	\$600.00	\$1200.00
			Run 220' 2 7/8" , plug bottom hole cement run str.		\$600.00
			Pit & hauling water		\$400.00
			total		\$5585.00
3/7/12	73	AUST	30' , surface	\$15.pf	\$450.00
			361' , 5 5/8" hole	\$8.pf	\$2888.00
			2 cores	\$600.00	\$1200.00
			Run 220' , 2 7/8" casing ,plug bottom hole ,&cement long string		\$600.00
			Pit & water hauling		\$400.00
			total		\$5538.00

*Dale*  
Ch# 1004



# Avery Lumber

P.O. BOX 66  
 MOUND CITY, KS 66056  
 {913} 795-2210 FAX {913} 795-2194

Customer Copy

## INVOICE

THIS COPY MUST REMAIN AT  
 MERCHANT AT ALL TIMES!

Page: 1

Invoice: **10039044**

Special :  
 Instructions :  
 :  
 Sale rep #: **MAVERY MIKE**

Time: 11:08:21  
 Ship Date: 03/07/12  
 Invoice Date: 03/07/12  
 Due Date: 04/05/12

Acct rep code:

**REPRINT**

Sold To: **BREUEL FARMS**  
 % **DON BREUEL**  
 12211 WEST 900 ROAD  
 MOUND CITY, KS 66056

Ship To: **BREUEL FARMS**  
 ( ) - % **DON BREUEL**  
 12211 WEST 900 ROAD  
 ( ) - MOUND CITY, KS 66056

Customer #: 309886

Customer PO:

Order By: GREG

popimg01

5TH  
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ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
70.00	70.00	L	BAG	CPPC	PORTLAND CEMENT	9.4400 BAG	9.4400	660.80
2.00	2.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	34.00

INVOICE

<b>X</b>	FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	<b>Sales total</b>	<b>\$694.80</b>		
	SHIP VIA LINN COUNTY						Taxable 694.80	Sales tax 43.77
	RECEIVED COMPLETE AND IN GOOD CONDITION							
					Tax #			

**TOTAL \$738.57**

1 - Customer Copy

