



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: \_\_\_\_\_



1085864

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 (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Lease Name: Remlinger/Gleue	Spud Date: 4-20-2012	Surface Pipe Size: 7"	Depth: 40'	T.D. 1010
Operator: Ron Bob	Well # S60-13	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_7	soil			
7_30	gravel/sand			
30_101	shale			
101_186	lime			
186_263	shale			
263_277	lime			
277_286	black shale			
286_371	lime			
371_420	shale			
420_539	lime			
539_712	shale			
712_715	lime			
715_732	shale			
732_744	lime			
744_810	shale			
810_829	lime			
829_840	shale			
840_843	lime			
843_888	shale			
888_901	lime			
901_937	shale			
937_938	1st cap			
938_945	shale			
945_946	oil sand			
946_949	black sand no oil			
949_954	some oil			
954_957	sandy shale some oil			
957_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 100074  
 Location Madison  
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
4-24-12		S-60 #13		Woodson
Customer	Mailing Address		City	State Zip
Ron + Bob Oil				

Job Type:	Longstring	Truck #	Driver
Hole Size:	5 7/8"	201	Kelly
Hole Depth:		202	Jerry
Bridge Plug:		105	Justin
Packer:		143 + 151	Mark
Casing Size:		Displacement:	5.8 Bbls.
Casing Weight:		Displacement PSI:	500 PSI
Tubing:	2 7/8" @ 1001'	Cement Left in Casing:	0'
PBTD:	1001'		

Quantity Or Units	Description of Services or Product	Pump charge	
			790.00
30	Mileage	\$3.25/Mile	97.50
108 SACKS	Quick Set cement	17.25	1863.00
200 lbs.	Gel > Flush Ahead	.30	60.00
2 1/2 Hrs	Water Truck	84.00	210.00
3 Hrs.	Water Truck #105	84.00	252.00
6.15 Tons	Bulk Truck > minimum charge	\$1.15/Mile	250.00
2	Plugs 2 7/8" Top Rubber	25.00	50.00
		Subtotal	3572.50
		Sales Tax	144.03
		Estimated Total	3716.53

Remarks: Rigs up to 2 7/8" Tubing, Break circulation with fresh water, 10 Bbl. Gel Flush, circulate Gel around to condition hole. Mixed 108 Sks 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 1000 PSI - close Tubing in with 1000 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 5234

Location \_\_\_\_\_

Foreman JLH

Acid  
 Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5/24/12		SAFENORTH 612 #13		WV
Customer		Mailing Address	City	State Zip
Ron & Bob OSL				KS

Well Data		Truck #	Driver	Truck #	Driver
Casing Size	2 7/8	Total Depth	1000	303/320	JP
Casing Weight		Plug Depth		143/151	JLH
Tubing Size		Packer Depth		104	DANNY
Tubing Weight		Open Hole		390/310	SUSTAN
Perfs	948-960			141/311	LODY
Break PSI	1300	Max PSI	1300		
Treat PSI	700-1800	ISIP	400		

Quantity	Acid	Additives Used	Charge
1	303	Pump Charge	875 <sup>00</sup>
100	15%	Acid with inhibitor	195 <sup>00</sup>
		Mud Acid	
1/4		NE-320	5 <sup>98</sup>
		FSW-4100	
		Iron Stay	
5		<del>Bacheide</del> BACKSOLD	112 <sup>50</sup>
		Clay Stay	
6		KCL	157 <sup>00</sup>
3		Biocide	114 <sup>00</sup>
15		Gel	417 <sup>00</sup>
1/2		Breaker	81 <sup>00</sup>
		Ball Sealers	
1	141/311	Ball Gun SAND DEZ	150 <sup>00</sup>
13	303	Pump truck Mileage	42 <sup>25</sup>
1	320	Acid Transport	N/C
1	310	Acid Spotter	300 <sup>00</sup>
13	390	Pickup Mileage	19 <sup>50</sup>
2	104	80 Vac	168 <sup>00</sup>
2	143/151	Transport	210 <sup>00</sup>
10 SKS		20/40 SAND	300 <sup>00</sup>
30 SKS		12/20 SAND	960 <sup>00</sup>
		*BOD PARE	Total 4108 <sup>51</sup>

Remarks: SPOT 100 GAL 15%. TEST LINE 3000. LOAD AND BREAK. EST.  
 RATE 10GPM @ 700. Pump 10 GAL SPALER 10 SKS 20/40 AND 30 SKS  
 12/20 PST UP 1000 FLUSH COVER ISIP 400 130 GAL TOTAL FLUSH.