



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



1086241

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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Lease Name: Remlinger/Gleue	Spud Date: 5-9 -2012	Surface Pipe Size: 7"	Depth: 40"	T.D. 1010
Operator: Ron-Bob Oil	Well # S60-23	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_9	soil			
9_27	sand gravel			
27_97	shale			
97_176	lime			
176_270	shale			
270_377	lime			
377_401	shale			
401_404	lime			
404_429	shale			
429_503	lime			
503_509	shale			
509_553	lime			
553_557	shale			
557_580	lime			
580_725	shale			
725_755	lime			
755_818	shale			
818_821	lime			
821_829	shale			
829_875	lime			
875_887	shale			
887_892	lime			
892_895	shale			
895_901	lime			
901_946	shale			
946_948	lime			
948_950	shale			
950_953	sandy oil show			
953_956	mostly shale			
956_962	dark sand oil bleed			
962_966	dark sand odor			
966_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 100084  
 Location Madison  
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5-10-12		S-60 # 23		Woodson
Customer		Mailing Address	City	State Zip
Ron + Bob Oil				

Job Type:	Longstring			Truck #	Driver
Hole Size:	5 7/8"	Casing Size:	5 7/8 PBL	201	Kelly
Hole Depth:	1009'	Casing Weight:	500	202	Jerry
Bridge Plug:		Tubing:	2 7/8" @ 1001'	105	Cody
Packer:		PBTD:		1 1/2	James

Quantity Or Units	Description of Services or Product	Pump charge	
0	Mileage Trk. in Area	\$3.25/Mile	790.00 N/C
106 SACKS	Quick Set Cement	17.25	1828.50
200 lbs.	Gel > Flush Ahead	.30	60.00
3 1/2 Hrs.	Water Truck	84.00	294.00
3 1/2 Hrs.	Water Truck	84.00	294.00
6 Tons	Bulk Truck > minimum charge	\$1.15/Mile	250.00
2	Plugs 2 7/8" Top Rubber	25.00	50.00
		Subtotal	3566.50
		Sales Tax	141.51
		Estimated Total	3708.01

Remarks: Rig up to 2 7/8" Tubing, Break circulation with fresh water, 10 Pbl Gel Flush, Circulated Gel around to condition hole. Mixed 106 Sks. Quick Set cement, shut down - wash out Pump + Lines  
 Release 2-Plugs - Displaced Plugs with 5 3/4 Pbls water - Final Pumping at 500 PSI  
 Bumped Plugs to 1200 PSI - Close Tubing in with 1200 PSI  
 Good cement returns with 5 1/2 Pbl. slurry

"Thank you"

witnessed by Bob  
 Customer Signature



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

Ticket Number 5227  
 Location \_\_\_\_\_  
 Foreman J-L H #390

Acid  
 Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5/22/12		SAFEBRIGHT 60 # 23		WD
Customer	Mailing Address		City	State Zip
RON & BOB				KS

Well Data		Truck #	Driver	Truck #	Driver
Casing Size 2 7/8	Total Depth 1000	303/320	JP		
Casing Weight	Plug Depth	143/151	JESUS		
Tubing Size	Packer Depth	144/152	DELBERT		
Tubing Weight	Open Hole	141/311	LOAF		
Perfs 948-960		251	JUSTIN		
Break PSI 1600	Max PSI 1600				
Treat PSI 600-800	ISIP 375				
Quantity	Acid	Additives Used	Charge		
1	303	Pump Charge			875 <sup>00</sup>
100	152	Acid with inhibitor			195 <sup>00</sup>
		Mud Acid			
1/4		NE-320			5 <sup>98</sup>
		FSW-4100			
		Iron Stay			
5		Bachide BACHSOLV			112 <sup>50</sup>
		Clay Stay			
6		KCL			157 <sup>80</sup>
3		Biocide			114 <sup>00</sup>
15		Gel			417 <sup>00</sup>
1/2		Breaker			81 <sup>00</sup>
5000		Ball Sealers CITY WATER			65 <sup>00</sup>
1	141/311	Ball Gum SAND AER			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			N/C
2	144/143	Transport			420 <sup>00</sup>
10 SKS		20/40 SAND			300 <sup>00</sup>
30 SKS		12/20 SAND			960 <sup>00</sup>
					Total 4,215 <sup>00</sup>

Remarks: SPOT 100 GAL 152. TEST LINE 3000. LOAD & BREAK.  
 EST RATE 10APM @ 600. Pump 10 BAR SPACER 10 SKS 20/40 AND 30  
 SKS 12/20 PSI UP 1200 AND DACL 800 FLUSH 5 OVER. ISIP 375.  
 150 BOL TOTAL FLUIDS.