



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



1086262

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: 5-15-2012	Surface Pipe Size: 7"	Depth: 40'	T.D. 1010
Operator: Ron-Bob Oil	Well # S60-25	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_4	soil			
4_16	clay			
16_29	sand gravel			
29_105	shale			
105_168	lime			
168_268	shale			
268_278	lime			
278_291	shale			
291_305	lime			
305_376	shale			
376_400	lime			
400_404	shale			
404_427	lime			
427_555	shale			
555_558	lime			
558_574	shale			
574_724	lime			
724_731	shale			
731_748	lime			
748_758	shale			
758_818	lime			
818_819	shale			
819_826	lime			
826_851	shale			
851_867	lime			
867_875	shale			
875_888	lime			
888_891	shale			
891_900	lime			
900_904	shale			
904_943	lime			
943_945	shale			
945_948	lime			
948_952	broken sand odor			
952_955	brown sand some oil			
955_964	oil sand good bleed			
964_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 100093  
 Location Madison  
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5-16-12		S-60 # 25		Woodson
Customer		Mailing Address	City	State Zip
Ron & Bob Oil				

Job Type:	Longstring			Truck #	Driver
Hole Size:	5 7/8"	Casing Size:		201	Kelly
Hole Depth:		Casing Weight:		202	Jerry
Bridge Plug:		Tubing: 2 7/8" x 100'	Displacement: 5.8 Bbls	104	Danny
Packer:		PBTD:	Displacement PSI: 450	105	Cody
			Cement Left in Casing: 0		

Quantity Or Units	Description of Services or Product	Pump charge	
0	Mileage Trk. in Area	\$3.25/Mile	790.00
106 SACKS	Quick Set cement	17.25	1828.50
200 lbs	Gel > Flush Ahead	.30	60.00
2 1/2 Hrs	water Truck	84.00	210.00
3 Hrs	water Truck	84.00	252.00
6 Tons	Bulk Truck > minimum charge	\$1.15/Mile	250.00
2	Plugs 2 7/8" Top Rubber	25.00	50.00
		Subtotal	3440.50
		Sales Tax	141.51
		Estimated Total	3582.01

Remarks: Rig up to 2 7/8" Tubing, Break circulation with Fresh water, 10 Bbl. Gel Flush, circulate Gel around to condition hole. Mixed 106 sks Quick Set cement. Shut down - washout Pump & lines. Release 2-Plugs - Displace Plugs with 5 3/4 Bbls water. Final Pumping at 450 PSI Pumped Plugs To 1200 PSI close Tubing w/ 1200 PSI Good cement returns To Surface

"Thank you"

witnessed by Ron  
 Customer Signature

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

Ticket Number 5224  
 Location \_\_\_\_\_  
 Foreman *[Signature]* #390

Acid  
 Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5/22/12		SAFEBRIGHT 60 #25		WO
Customer		Mailing Address	City	State Zip
RON & BOB				KS

Well Data		Truck #	Driver	Truck #	Driver
Casing Size 27/8	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	COBY		
Perfs 948-960		104	DANNY		
Break PSI 1800	Max PSI 1800	251	JUSTIN		
Treat PSI 550-700	ISIP 350				

Quantity	Acid	Additives Used	Charge
1		Pump Charge	975 <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		Bacheide <u>BALMSOLD</u>	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 GAL		Ball Sealers <u>CITY WATER</u>	65 <sup>00</sup>
1	141/311	Ball Gun <u>SAND DEZ</u>	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 SIKS		20/40 SAND	300 <sup>00</sup>
30 SIKS		12/20 SAND	960 <sup>00</sup>
			Total 4,315 <sup>03</sup>

Remarks: SPOT 100 GAL. TEST LINE TO 3000. LOSS AND BREAK  
EST RATE 10BPM. Pump 10 GAL SPACER START 10 SIKS 20/40 PSI 550  
START 30 SIKS 12/20 PSI UP 600. Flush 5 OVER ISIP 350 140 TOTAL FLUIDS