



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



1086283

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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Hodown Drilling

Yates Center, KS

Lease Name: Remlinger/Gleue	Spud Date: 4-19-2012	Surface Pipe Size: 7"	Depth: 45'	T.D. 1010
Operator: Ron Bob	Well # S60-14	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_6	soil			
6_28	sand gravel			
28_95	shale			
95_104	lime			
104_106	shale			
106_114	lime			
114_260	shale			
260_274	lime			
274_283	shale			
283_298	lime			
298_305	shale			
305_373	lime			
373_394	shale			
394_401	lime			
401_425	shale			
425_489	lime			
489_495	shale			
495_526	lime			
526_533	shale			
533_550	lime			
550_687	shale			
687_690	lime			
690_715	shale			
715_721	lime			
721_738	shale			
738_750	lime			
750_819	shale			
819_829	lime			
829_846	shale			
846_852	lime			
852_888	shale			
888_893	lime			
893_903	shale			
903_906	lime			
906_940	shale			
940_941	1st cap			
941_944	shale			
944_945	2nd cap			
945_948	some sand free oil			
948_951	good free oil			
951_954	oil sand			
954_957	sand odor			
957_961	sand			
961_965	badly broken sand			
965_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 100072  
 Location Madison  
 Foreman Brad Butler / Zack Hansen

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
4-20-12		S-60 # 14		Woodson
Customer Ron & Bob		Mailing Address	City State	Zip

Job Type:	Truck #	Driver
LongString	201	Clayton
Hole Size: 5 7/8"	202	Jerry
Hole Depth:	104	Denny
Bridge Plug:	105	Jesus
Packer:		Joe S.

Quantity Or Units	Description of Services or Product	Pump charge	
30	Mileage	\$3.25/Mile	790.00
107 SACKS	Quick Set cement	17.25	1845.75
200 lbs.	Gel > Flush Ahead	.30	60.00
3 Hrs.	water Truck	84.00	252.00
3 Hrs.	water Truck	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	3597.25
		Sales Tax	142.77
		Estimated Total	3740.02

Remarks: Rig up to 2 7/8" Tubing, Break circulation with fresh water, 10 Bbl. Gel Flush, circulate Gel around To condition Hole. Mixed 107 Sks Quick Set cement, shut down - wash out Pump lines Release 2-Plugs > Displaced Plugs with 5 3/4 Bbls water. Final Pumping at 550 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



# MIDWEST SURVEYS

LOGGING • PERFORATING • CONSULTING • M.I.T. SERVICES  
 P. O. Box 68 • Osawatomie, KS 66064  
 Phone 913-755-2128

# Invoice

Date	Invoice #
5/21/2012	26505

<b>Bill To</b>
RON-BOB OIL, LLC 1607 MAIN NEOSHO FALLS, KS 66758

<b>Ship To</b>
REMLINGER/GLEUE #S60-14 WOODSON CO, KS

Customer Order No.	Terms
B CHRIESTENSON	B CHRIESTE...

Qty	Description	Amount
21	2" DML RTG 180° PHASE TWO (2) PERFORATIONS PER FOOT MINIMUM CHARGE -- TEN (10) PERFORATIONS ELEVEN (11) ADDITIONAL PERFORATIONS @ \$21.00 EA	700.00 231.00
1	CASING MECHANICAL INTEGRITY TEST FOR THE STATE OF KANSAS  PERFORATED AT: 948.0 TO 958.0	100.00
<b>Net Due Upon Receipt</b>		<b>Total</b>
Late Charge of 1 - 1/2 % per Month on Accounts over 30 Days		\$1,031.00

*Pd  
 6-6-12*