



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: _____



1089493

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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Form	ACO1 - Well Completion
Operator	Eternity Exploration, LLC
Well Name	BH Werth 3
Doc ID	1089493

Tops

Name	Top	Datum
Anhydrite	2287	+356
Base Anhydrite	2292	+321
Topeka	3634	-1021
Heebner	3846	-1233
Toronto	3866	-1253
Lansing	3878	-1265
Stark Shale	4070	-1457
B/KC	4110	-1497
LTD	4161	-1548

REMIT TO
RR 1 BOX 90 D
HOXIE KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

555

DATE	SEC. 30	RANGE/TWP. 9-25	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE	BH	Vergh	WELL # 3	COUNTY 4	STATE KS	

CONTRACTOR	WWS	OWNER	Eternity		
TYPE OF JOB	Surf Sec				
HOLE SIZE	12 1/4	T.D. 232'			
CASING SIZE	8 5/8	DEPTH 231	CEMENT	165	
TUBING SIZE		DEPTH	AMOUNT ORDERED		
DRILL PIPE	4 1/2	DEPTH			
TOOL		DEPTH			
PRES. MAX		MINIMUM	COMMON	165	@ 15 ⁰⁰ 2557.50
DISPLACEMENT	13.56	SHOE JOINT	POZMIX		@
CEMENT LEFT IN CSG.			GEL	3	@ 26 ⁰⁰ 78.00
PERFS			CHLORIDE	.5	@ .52 ⁰⁰ 260.00
			ASC		@
EQUIPMENT					@
					@
PUMP TRUCK					@
#					@
BULK TRUCK					@
#					@
BULK TRUCK					@
#					@
					@
			HANDLING		@ 215
			MILEAGE	28	@ 15.57 435.96
					TOTAL

REMARKS	SERVICE	Surf Sec		
Plug Down 7:45 AM	DEPT OF JOB		@	
	PUMP TRUCK CHARGE		@	950 ⁰⁰
	EXTRA FOOTAGE		@	
	MILEAGE	28 x 2	@ 6 ⁵⁰	364.00
Circ Cement to Pit	MANIFOLD		@	
	Light Vehicle 28 x 2		@ 2 ⁰⁰	112.00
			TOTAL	

CHARGE TO:	Eternity
STREET	STATE
CITY	ZIP

PLUG & FLOAT EQUIPMENT	
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	HANDLING		@ 2.15	
	MILEAGE	28	@ 15.57	435.96
			TOTAL	

REMARKS Plug Down 7:45 AM Circ Cement to Pit	SERVICE	Surf. Cen.		
	DEPT OF JOB		@	
	PUMP TRUCK CHARGE		@	950.00
	EXTRA FOOTAGE		@	
	MILEAGE	28 x 2	@ 6.50	364.00
	MANIFOLD		@	
		Light Vehicle 28 x 2	@ 2.22	112.00
	TOTAL			

CHARGE TO:	Eternity
STREET	STATE
CITY	ZIP

To: Schippers Oil Field Service LLC
 You are hereby requested to rent cementing equipment and furnish staff to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT	
	@
	@
	@
	@
	@
	TOTAL
TAX	
TOTAL CHARGE	
DISCOUNT (IF PAID IN 20 DAYS)	

SIGNATURE



PRINTED NAME

Sid Datscher

REMIT TO
RR 1 BOX 90 D
HOXIE KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

556

DATE <u>2/27</u>	SEC. <u>30</u>	RANGE/TWP. <u>9-25</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>L.H. Worth</u>			WELL # <u>3</u>		COUNTY <u>11</u>	STATE <u>KS</u>

CONTRACTOR <u>W.W. 8</u>	OWNER <u>Etter</u>				
TYPE OF JOB <u>Rotary Plug</u>					
HOLE SIZE <u>7 1/2</u>	T.D. <u>4160</u>	CEMENT			
CASING SIZE	DEPTH	AMOUNT ORDERED	<u>200</u>		
TUBING SIZE	DEPTH				
DRILL PIPE <u>4 1/2</u>	DEPTH				
TOOL	DEPTH				
PRES. MAX	MINIMUM	COMMON	<u>173</u>	@ <u>15</u>	<u>1306</u>
DISPLACEMENT	SHOE JOINT	POZMIX	<u>92</u>	@ <u>8</u>	<u>697</u>
CEMENT LEFT IN CSG.		GEL	<u>7</u>	@ <u>26</u>	
PERFS		CHLORIDE		@	
		ASC		@	
EQUIPMENT				@	
PUMP TRUCK		<u>Fls-seal</u>	<u>51</u>	@ <u>2</u>	<u>115.31</u>
#				@	
BULK TRUCK				@	
#				@	
BULK TRUCK				@	
#				@	
		HANDLING	<u>212</u>	@ <u>2</u>	<u>424</u>
		MILEAGE	<u>28</u>	@ <u>2</u>	<u>56</u>
		TOTAL			

REMARKS	SERVICE <u>Rotary Plug</u>		
<u>1st 2770 25%</u>	DEPT OF JOB	@	
<u>2nd 1122 100%</u>	PUMP TRUCK CHARGE	@	<u>1350</u>
<u>3rd 200 40%</u>	EXTRA FOOTAGE	@	
<u>4th 80 10%</u>	MILEAGE <u>28</u>	@ <u>6</u>	<u>168</u>
<u>for hole 30%</u>	MANIFOLD	@	
	TOTAL	@ <u>2</u>	<u>221</u>

CHARGE TO: <u>Priority</u>	
STREET	STATE
CITY	ZIP

To: Schippers Oil Field Service LLC

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PLUG & FLOAT EQUIPMENT	
	@ <u>67</u>
	@
	@
	@
	@
TOTAL	
TAX	
TOTAL CHARGE	
DISCOUNT (IF PAID IN 20 DAYS)	

SIGNATURE

PRINTED NAME