



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



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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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 <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Prospect Oil & Gas Corp
Well Name	Brookover 28-2
Doc ID	1092739

Tops

Name	Top	Datum
Anydrite	2317	+ 539
Topeka	3692	- 836
Heebner	3913	- 1057
Toronto	3937	- 1081
Lansing	3952	- 1096
Base Kansas City	4258	- 1402
Pawnee	4380	- 1524
Fort Scott	4448	- 1592
Mississippi	4563	- 1707

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025  
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 787

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-21-12	28	13	30	Com	KS		5:00pm
Lease Breakover	Well No. 28-2		Location Com				
Contractor Roy G. H. #1				Owner			
Type Job Surface				To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size 12 1/4	T.D. 212		Charge To Prospect				
Csg. 8 5/8	Depth 212		Street				
Tbg. Size	Depth		City				
Tool	Depth		State				
Cement Left in Csg. 15'	Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.				
Meas Line	Displace 12 1/2		Cement Amount Ordered 150 um 3 9/16 2 1/2				
<b>EQUIPMENT</b>							
Pumptrk 5	No.	Cement Helper	Common				
Bulktrk	No.	Driver	Poz. Mix				
Bulktrk 14	No.	Driver	Gel.				
<b>JOB SERVICES &amp; REMARKS</b>							
Remarks:	Calcium						
Rat Hole	Hulls						
Mouse Hole	Salt						
Centralizers	Flowseal						
Baskets	Kol-Seal						
D/V or Port Collar	Mud CLR 48						
	CFL-117 or CD110 CAF 38						
	Sand						
	Handling						
	Mileage						
<b>FLOAT EQUIPMENT</b>							
	Guide Shoe						
	Centralizer						
	Baskets 8 5/8 Swege						
	AFU Inserts						
	Float Shoe						
	Latch Down						
	Pumptrk Charge						
	Mileage						
	Tax						
	Discount						
X Signature							Total Charge

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No. 793

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-26-12	28	13	30	Lawrence	KS		6:00 AM
Lease <i>Brown</i>	Well No. <i>28-2</i>	Location <i>Green Hills W to 26 Rd S to R of E</i>					
Contractor <i>Agway #1</i>	Owner						
Type Job <i>Repair Plug</i>	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.						
Hole Size <i>7 7/8</i>	T.D. <i>4625</i>	Charge To <i>Prospect Oil</i>					
Csg.	Depth	Street					
Tbg. Size	Depth	City					
Tool	Depth	State					
Cement Left in Csg.	Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.					
Meas Line	Displace	Cement Amount Ordered <i>245 cu ft 4 1/2 gal 1/4 ft</i>					
<b>EQUIPMENT</b>							
Pumptrk <i>5</i>	No.	Cement Helper <i>Craig</i>	Common				
Bulktrk	No.	Driver	Poz. Mix				
Bulktrk <i>14</i>	No.	Driver <i>Conrad</i>	Gel.				
<b>JOB SERVICES &amp; REMARKS</b>							
Remarks:	Calcium						
Rat Hole <i>30</i>	Hulls						
Mouse Hole <i>15</i>	Salt						
Centralizers	Flowseal						
Baskets	Kol-Seal						
D/V or Port Collar	Mud CLR 48						
<i>1st 233 255K</i>	CFL-117 or CD110 CAF 38						
<i>2nd 140 100SK</i>	Sand						
<i>3rd 260 40SK</i>	Handling						
<i>4th 40 11SK</i>	Mileage						
<b>FLOAT EQUIPMENT</b>							
Guide Shoe							
Centralizer							
Baskets <i>8 5/8 wear in Plug</i>							
AFU Inserts							
Float Shoe							
Latch Down							
Pumptrk Charge							
Mileage							
Signature <i>S. Kelly</i>						Tax	
						Discount	
						Total Charge	