



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



1093309

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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<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 (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	ZU, LLC
Well Name	Nadine Jacques 1
Doc ID	1093309

All Electric Logs Run

BOREHOLE SONIC LOG
COMPUTER PROCESSED INTERPRETATION
Microresistivity Log
Dual Induction Log
Dual Compensated Porosity Log
Cement Bond Log

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Well Name	Nadine Jacques 1
Doc ID	1093309

Tops

Name	Top	Datum
ANHYDRITE	1421	+661
BASE ANHYDRITE	1459	+623
TOPEKA	3112	-1030
HEEBNER SHALE	3349	-1267
TORONTO	3372	-1290
LANSING KANSAS CITY	3390	-1308
BASE KANSAS CITY	3640	-1558
ARBUCKLE	3738	-1656



Box 884, Chanute, KS 66720  
20-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-2-12	9999	Nadine Jaques #1	12	135	204	Ellis
CUSTOMER <u>ZU, LLC</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>108, W 34th St</u>			<u>399</u>	<u>Terry Yates</u>		
CITY <u>Hays</u>			<u>460</u>	<u>Cody Rantz</u>		
STATE <u>Ks</u>	ZIP CODE <u>67601</u>	Ellist + 40 Hwy 4E 3/4N 1/2W				

JOB TYPE Procl HOLE SIZE \_\_\_\_\_ HOLE DEPTH 3830' CASING SIZE & WEIGHT 5 1/2 15.5#  
 CASING DEPTH 3827' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER P.C. 1562'  
 SLURRY WEIGHT 14.5 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 23.68  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 6 BPM

REMARKS: Safety Meeting, Rig up on White Night, run Float Equipment  
2, 4, 6, 8, 10, 12, 14, 16, 54, 56 Centa Basket on 55, circ casing on bottom  
1 1/2 Hrs, Pump 5 BBL H2O, surgical Mud Flush, MIX 30 SKS in Pitt,  
mixed 150 SKS com, 10% salt, 5# Kalseal, 2% gel, clear Pump + Lines  
release Plug + Displace 90 BBL H2O @ 750 # max, Landed Plug @  
1400#, release Pressure, Float Held

Thank You  
Kelly Gable + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401P	1	PUMP CHARGE	2,700.00	
5406	35	MILEAGE	5.00	
11045	180 SKS	Class A Cement	17.65	
1111	861 #	salt	.45	
1110A	900 #	Kalseal	.56	
1118B	338 #	gel	.25	
1144 G	500 gal	mud Flush	1.00	
5407A	8.46	Ton Mileage Delivery	1.62	
4203	1	5 1/2 - Guide Shoe	193.00	
4228B	1	5 1/2 - AFU insert	206.00	
4130	10	5 1/2 - Centralizers	58.00	
4104	1	5 1/2 - Basket	276.00	
4285	1	5 1/2 - Port Collar	2025.00	
4406	1	5 1/2 - Rubber Plug	88.00	
		less 10% Disc		
		SALES TAX		

Ravin 3737 AUTHORIZATION [Signature] TITLE MANAGER, Poltava DATE 9/2/2012  
 Paid w/check #004420 ESTIMATED TOTAL 2526.35

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

2526.35

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 788

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish	
8-20-12	12	13	20	Ellis	KS		11:15am	
Lease <i>Nadine Jackson</i>				Well No.				Location <i>Foreman Hwy 4 w to 160RD W Winto</i>
Contractor <i>Precision Drilling</i>				Owner				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.
Type Job <i>Surface</i>				Charge To <i>2011C</i>				
Hole Size <i>12 1/4</i>		T.D. <i>226</i>		Street <i>108 W 34th</i>				
Csg. <i>8 5/8</i>		Depth <i>213</i>		City <i>Nays</i> State <i>K 67601</i>				
Tbg. Size		Depth		Cement Left in Csg. <i>15'</i>				Shoe Joint
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.				
Meas Line		Displace <i>12 1/2 BCL</i>		Cement Amount Ordered <i>150 com 30 bcl 20 bcl</i>				
EQUIPMENT								
Pumptrk <i>5</i>	No.	Cementer <i>Raig</i>			Common	<i>150</i>		
Bulktrk	No.	Helper <i>Brett</i>			Poz. Mix			
Bulktrk <i>14</i>	No.	Driver <i>Cody</i>			Gel.	<i>3</i>		
				Calcium <i>5</i>				
JOB SERVICES & REMARKS								
Remarks:				Hulls				
Rat Hole				Salt				
Mouse Hole				Flowseal				
Centralizers				Kol-Seal				
Baskets				Mud CLR 48				
D/V or Port Collar				CFL-117 or CD110 CAF 38				
<i>8 5/8 on bottom Est. Circulation</i>				Sand				
<i>Mix 150 SK x Displace</i>				Handling <i>158</i>				
<i>Cement Circulated</i>				Mileage				
FLOAT EQUIPMENT								
				Guide Shoe				
				Centralizer <i>8 5/8 surge</i>				
				Baskets				
				AFU Inserts				
				Float Shoe				
				Latch Down				
				Pumptrk Charge <i>Surface</i>				
				Mileage <i>11</i>				
				Tax				
				Discount				
X Signature				Total Charge				