



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: _____



1093796

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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DRILL LOG

Operator License# _____

API 15-107-24564-00-00

Operator _____

Lease Name Query

Address _____

Well # W-2

Contractor JTC Oil, Inc.

Spud Date 7/19/12 Cement _____

Contractor License 32834

Location _____ of _____

T.D. 258 T.D. of Pipe 224

feet from _____

Surf. Pipe Size 6.5 Depth 20ft

feet from _____

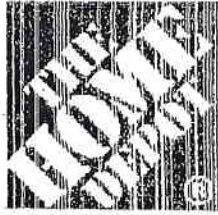
Kind of Well _____

County Linn

Thickness	Strata	From	To	Thickness	Strata	From	To
18	soil	0	18	6	black shale	102	108
23	clay/soil	18	31	5	lime	108	113
14	shale	31	45	4	shale	113	117
5	lime	45	50	26	lime	117	143
4	black shale	50	54	3	black shale	143	146
12	lime	54	66	38	shale	146	184
4	coal/black shale	66	70	2	little sand	184	186
3	shale	70	73	2	sand	186	188 good
11	lime	73	84	2	sand	188	190 v good
2	shale	84	86	2	sand	190	192 good
1	lime	86	87	2	sand	192	194 good

Querry W2

<u>7</u>	shale	<u>87</u>	<u>94</u>	<u>2</u>	sand	<u>194</u>	<u>196</u>	little
<u>8</u>	lime	<u>94</u>	<u>102</u>	<u>2</u>	sand	<u>196</u>	<u>198</u>	end
<u>93</u>	shale	<u>198</u>	<u>291</u>					
<u>4</u>	lime	<u>291</u>	<u>225</u>					
<u>13</u>	shale	<u>225</u>	<u>238</u>					
<u>2</u>	lime	<u>238</u>	<u>240</u>					
<u>18</u>	shale	<u>240</u>	<u>258</u>					



More saving.
More doing.™

8001 W. 135TH STREET
OVERLAND PARK, KS 66223 (913)8519961

2209 00004 28649 07/19/12 07:12 PM
CASHIER MARY - MCG12N

320212 92LE ASHLAND <A>
 ASHGROVE 92.6LB TYPE I-II PORT CMNT
 5008.57 428.50
 MAX REFUND VALUE \$385.68/50
 012871623639 1X3/4 PVC EL <A>
 1"X3/4" PVC EL 90D SXS
 2001.26 2.52
 MAX REFUND VALUE \$2.23/2
 012871626050 1" M ADAPTER <A>
 1" PVC MALE ADAPTER SXMPT
 2000.66 1.32
 MAX REFUND VALUE \$1.18/2
 -----10% off Military Discount-----
 432.34 10% off Military Discount -43.23
 MUST RETURN ALL ITEMS FOR A FULL REFUND

SUBTOTAL 389.11
 SALES TAX 33.66
 TOTAL \$422.77
 XXXXXXXXXXXX44389 DEBIT 422.77
 AUTH CODE 150240



2209 04 28649 07/19/2012 4504

RETURN POLICY DEFINITIONS
 POLICY ID DAYS POLICY EXPIRES ON
 A 1 90 10/17/2012

THE HOME DEPOT RESERVES THE RIGHT TO
LIMIT / DENY RETURNS. PLEASE SEE THE
RETURN POLICY SIGN IN STORES FOR
DETAILS.

BUY ONLINE PICK-UP IN STORE
AVAILABLE NOW ON HOMEDEPOT.COM.
CONVENIENT, EASY AND MOST ORDERS
READY IN LESS THAN 2 HOURS!

ENTER FOR A CHANCE
TO WIN A \$5,000
HOME DEPOT GIFT
CARD!

Share Your Opinion With Us! Complete
the brief survey about your store visit
and enter for a chance to win at:

www.homedepot.com/opinion

COMPARTA SU OPINION EN
UNA BREVE
ENCUESTA PARA LA OPORT
UNIDAD DE GANAR.

User ID:
59796 57591

Password:
12369 57587

Entries must be entered by 08/18/2012.
Entrants must be 18 or older to enter.
See complete rules on website. No
purchase necessary.