



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: _____



1094064

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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Lease Name: Yoho	Spud Date: 06-4-2012	Surface Pipe Size: 8 5/8"	Depth: 42'	1431
Operator: C&S Oil	Well #17 Yoho	Bit Diameter: 6 3/4"		
Footage taken	Sample type			
0_6	soil			
6_14	clay			
14_158	shale			
158_435	lime			
435_459	shale			
459_475	lime			
475_492	shale			
492_593	lime			
593_598	shale			
598_602	lime			
602_606	shale			
606_623	lime			
623_788	shale			
788_823	lime			
823_879	shale			
879_881	lime			
881_889	shale			
889_903	lime			
903_912	shale			
912_915	lime			
915_929	shale			
929_936	lime			
936_949	shale			
949_953	lime			
953_956	shale			
956_960	lime			
960_971	shale			
971_976	broken oil sand, good bleed			
976_980	broken sand			
980_988	sandy shale			
988_1006	shale			
1006_1007	lime			
1007_1010	shale			
1010_1011	lime			
1011_1015	good oil sand			
1015_1018	broken sand, oil			
1018_1333	shale			
1033_1342	black shale			
1342_1360	lime			
1360_1366	oil showing good odor			
1366_1377	lime			
1377_1380	oil bleed			
1380_1381	less oil			
1381_1385	good oil			
1385_1431	lime			
	1431 T.D.			

Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765

Ticket Number 100103
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
6-6-12		Yoho # 19		Woodson
Customer C & S Oil		Mailing Address	City State	Zip

Job Type:	Truck #	Driver
Longstring	201	Kelly
Hole Size: 6 3/4"	202	Cody
Hole Depth:	106	Danny
Bridge Plug:	144-151	Jesus
Packer:		

Note: Taped float show by wireline at 1424'

Quantity Or Units	Description of Services or Product	Pump charge	
30	Mileage	\$3.25/Mile	790.00 97.50
154 SACKS	Quick Set cement	17.25	2656.50
770 lbs.	KOI-SEAL 5" PPK/SK	.55	423.50
400 lbs.	Geh > Flush Ahead	.30	120.00
3.5 Hrs.	Water Transport	105.00	367.50
3.5 Hrs.	Water Truck	84.00	294.00
9.10 Tons	Bulk Truck	\$1.15/Mile	313.95
1	Plugs 4 1/2" Top Rubber	38.00	38.00
		Subtotal	5,100.95
		Sales Tax	236.37
		Estimated Total	5,337.32

Remarks: Rig up to 4 1/2" casing, Break circulation with 5 Bbls water, 20 Bbl. Gel Flush, circulate Geh around to condition hole. Pumped 12 Bbl. Dry water Ahead, Mixed 154 Sks Quick Set cement w/ 5" PPK of KOI-SEAL. Shut down Wash out Pump & Lines - Release Plug - Displace Plug with 22 Bbls water. Final Pumping at 600 PSI Bumped Plug to 1000 PSI. Release Pressure - Float Held - Close casing w/ 0 PSI Good cement returns with 9 Bbl. slurry

"Thank you"

witnessed by Bob

Customer Signature