



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



1094435

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 (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Alton Oil LLC
Well Name	Steffen Unit 1
Doc ID	1094435

All Electric Logs Run

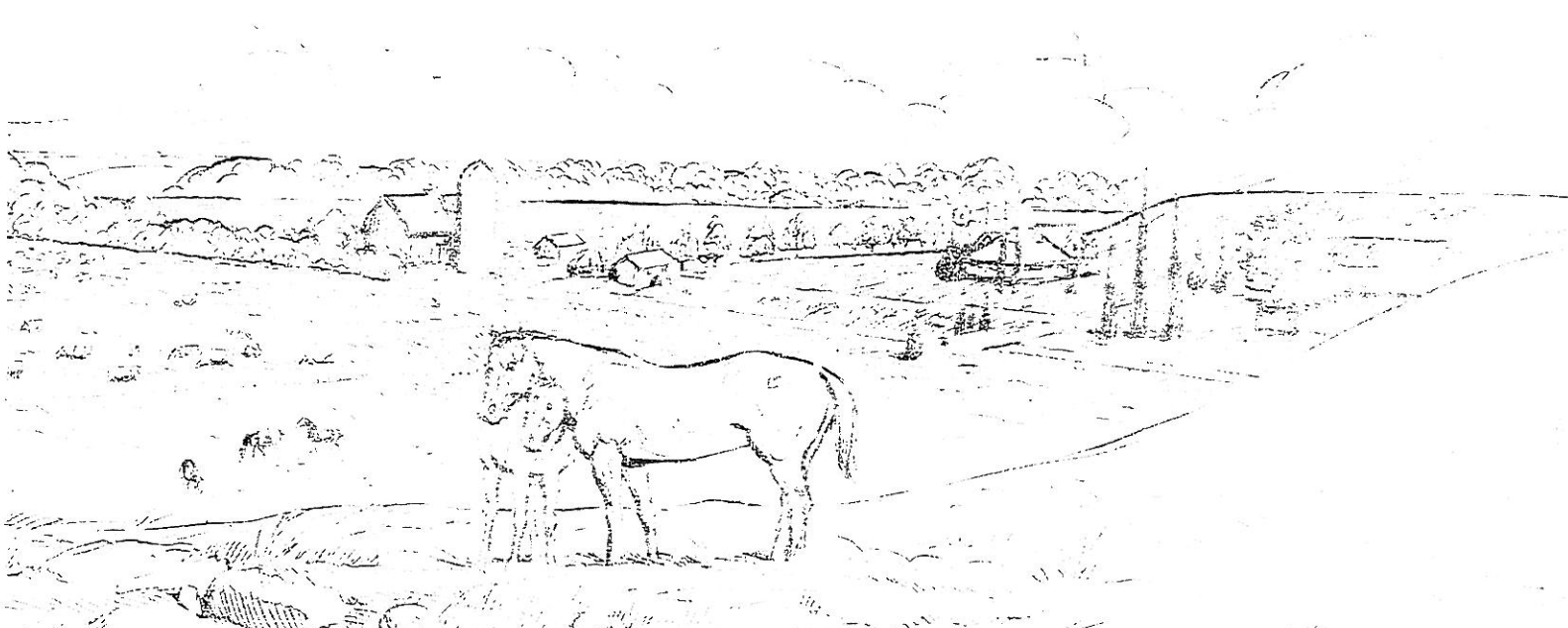
Dual Induction
Compensated Density
Micro
Radioactivity-Sonic Bond

Thomas E. Blair  
22150 SE Cole Creek Rd.  
Atlanta, KS 67008  
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[tomkat@sktc.net](mailto:tomkat@sktc.net)

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### GEOLOGISTS REPORT

WELL:	Steffen Unit #1
OPERATOR:	Alton Oil, LLC
LOCATION:	N2 NE SE NE 16-33-4E Cowley Co.
CONTRACTOR:	Gulick Drilling Co., Inc.
DRILLING COMMENCED:	05-21-2012
DRILLING COMPLETED:	05-26-2012
ELEVATIONS:	1198 GL; 1206 KB
ALL MEASUREMENTS FROM:	1206 KB
DRILLING FLUIDS:	Dave Moore Drilling Fluids
OPEN HOLE LOGS:	Osage Wireline
WELLSITE GEOLOGIST:	Tom Blair



**GEOLOGICAL FORMATION TOPS**

<i>FORMATION</i>	<i>SAMPLE DEPTH</i>	<i>LOG DEPTH</i>
Kansas City	2656 (-1450)	2658 (-1452)
Base Kansas City	2780 (-1574)	2784 (-1578)
Marmaton	2857 (-1652)	2864 (-1658)
Cherokee	2973 (-1767)	2976 (-1770)
Mississippi	3196 (-1990)	3194 (-1988)
Mississippi Porosity	3201 (-1995)	3204 (-1998)
Total Depth	3460 (-2254)	3463 (-2257)

**ZONES OF INTEREST AND HYDROCARBON SHOWS**

FORMATION: Mississippi Chert

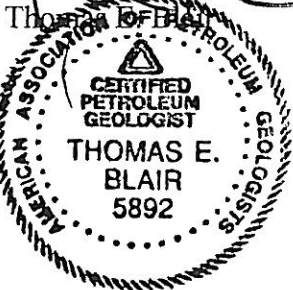
INTERVAL: 3201-3209 (sample depth)

DESCRIPTION: Chert, tan and white, spiculitic and tripolitic, traces of tripolitic porosity, some dolomite edges, fair odor, traces of free oil and gas bubbles.

**REMARKS AND RECOMMENDATIONS**

The main zone of interest, the Mississippi Chert, was thinner and somewhat less porous than the offset wells to the north, but did calculate on the logs to be possibly productive. 4 ½ inch casing was set to further test this zone.

Respectfully submitted,



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ENTERED

TICKET NUMBER 34396  
LOCATION # 180 Eldorado  
FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

### FIELD TICKET & TREATMENT REPORT

**CEMENT** *Api 15-035-24470-00-00*

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
5-21-12	1128	Steffen unit #1	16	33S	4E	Cowley	
CUSTOMER <u>Alton oil</u>				TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 117</u>				446	Jerd		
CITY <u>Winfield</u>		STATE <u>KS</u>	ZIP CODE <u>67156</u>	502	Steve		
				511	Jacob		

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 219 CASING SIZE & WEIGHT 8 1/2  
 CASING DEPTH 205.31 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 12.81 DISPLACEMENT PSI 300 MIX PSI 200 RATE 56 ppm

REMARKS: Salty meeting, Break calculation mixed 125 sks class A 3/4cc 2 1/2 gal 1/4 lb poly, displaced with 12 bbl calculating cement to surface. Shut in

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	825.00	825.00
5406	55	MILEAGE	4.00	220.00
5407A	55	x 5.88 ton mileage X	1.34	433.36
1102	~ 320	calcium chloride	.74	236.80
1104S	125	class A	14.95	1868.75
1118B	2.50	gal	.21	52.50
1107	50	poly Flake	2.35	117.50
			Subtotal	3753.91
			SALES TAX	154.14
			ESTIMATED TOTAL	3908.65

Form 3737

AUTHORIZATION

TITLE 250030

DATE \_\_\_\_\_

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.



**ENTERED**

TICKET NUMBER 36130

LOCATION 180

FOREMAN LARRY STORM

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**

**CEMENT API- 15-035-24470**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-26-12	1128	Steffen Well #1	16	23 S	4E	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Altow Op1			539	LARRY		
MAILING ADDRESS			603	JEFF		
P.O. Box 117			502	STEVE		
CITY	STATE	ZIP CODE	434	TED		
Wrightfield	KS	67156				

JOB TYPE PROD HOLE SIZE 7 7/8 HOLE DEPTH 3460 CASING SIZE & WEIGHT 4 1/2  
 CASING DEPTH 3456 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER PLY 3450  
 SLURRY WEIGHT 15.5 SLURRY VOL 33 WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 10# 1/2  
 DISPLACEMENT 24.85 DISPLACEMENT PSI 550 MIX PSI 0 RATE 8.2

REMARKS: Repacked up to 4 1/2 casing - Broke circulation - Pumped 5 bbls fresh water, 12 bbls mud flush, 5 bbls fresh water, mixed 140 sks thick-set + 5 lbs kal-seal - Mashed pump & pipes - Displaced 5 1/2 bbls to land plug at 1250 lbs - Released, floor held.

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KGC WICHITA

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	47	MILEAGE	4.00	188.00
5402	960	Footage	.22	211.20
1126 A	140	skt Thick-set	19.20	2688.00
1110 A	700	lbs kal-seal	.46	322.00
1144 G	500	gals Mud Flush	1.05	525.00
5407 A	47	Bulk Delivery x 7.31 x	1.34	462.90
5502 C	5	80 Vac - City water	90.00	450.00
4161	1	4 1/2" ACU Float Shoe	286.00	286.00
4453	1	4 1/2" Latch down	232.00	232.00
4103	1	4 1/2" Cement Basket	218.00	218.00
4129	6	4 1/2" Centrifuges	42.00	252.00
		Subtotal		6865.10
		SALES TAX		307.51
		ESTIMATED TOTAL		7172.61

Ravin 3737

250162

AUTHORIZATION

TITLE

DATE

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.