



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: _____



1094621

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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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. 738

Date	9-11-12	Sec.	18	Twp.	14	Range	18	County	Ellis	State	KS	On Location		Finish	5.45pm
Lease	EF Madden			Well No.	52			Location	hays 25 3w 1/2 N East 1/4 to						
Contractor	Discovery Rig 3							Owner	To Quality Oilwell Cementing, Inc.						
Type Job	plug							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								T.D.	3830						
Csg.								Depth	Charge To depth						
Tbg. Size								Depth	Street Westhe Exploration						
Tool								Depth	City 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 245 60 / 40 4% sol						
EQUIPMENT								1/4 flow							
Pumptrk	16	No.	Cementer		Helper		matt								
Bulktrk	13	No.	Driver		Driver		frank								
Bulktrk		No.	Driver		Driver		Dinos								
JOB SERVICES & REMARKS								Common 147							
Remarks:								Poz. Mix 98							
Rat Hole 30 SHS								Gel. 9							
Mouse Hole 15 SHS								Calcium							
Centralizers								Hulls							
Baskets								Salt							
D/V or Port Collar								Flowseal 60 #							
								Kol-Seal							
								Mud CLR 48							
								CFL-117 or CD110 CAF 38							
								Sand							
								Handling 234							
								Mileage							
1st @ 3766 25 SHS								FLOAT EQUIPMENT							
2nd @ 1410 25 SHS								Guide Shoe							
3rd @ 680 100 SHS								Centralizer							
4th @ 970 40 SHS								Baskets							
5th @ 40 10 SHS								AFU Inserts							
								Float Shoe 1 Day Hole plug							
								Latch Down							
								Pumptrk Charge plug							
								Mileage 15 min							
								Tax							
								Discount							
								Total Charge							
Signature Adam Mueller															

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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Cell 785-324-1041

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

No. 5049

Date	9-6-12	Sec.	18	Twp.	14	Range	18	County	Ellis	State	Ks	On Location		Finish	7:15 PM
Lease	E F Madden			Well No.	52			Location	Hay's, Ks - 1S, 3W, 1/2S, E1/4						
Contractor	Discovery #3							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	Surface							Charge To	Worth explocation Trust						
Hole Size	12 1/4"			T.D.	221'			Depth	220'						
Csg.	8 5/8"			Depth											
Tbg. Size								Street							
Tool								City	State						
Cement Left in Csg.	15'			Shoe Joint	15'			The above was done to satisfaction and supervision of owner agent or contractor.							
Meas Line								Displace	13 BLS						
EQUIPMENT								2 1/2 Gel							
Pumptrk	9	No.	Cementer	Nick			Helper	Common 150							
Bulktrk	14	No.	Driver	Lonnie			Driver	Poz. Mix							
Bulktrk	p.u.	No.	Driver	Rick			Driver	Gel. 3							
JOB SERVICES & REMARKS								Calcium 5							
Remarks:	Cement did Circulate							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							
								Sand							
								Handling 150							
								Mileage							
FLOAT EQUIPMENT															
								Guide Shoe							
								Centralizer							
								Baskets							
								AFU Inserts							
								Float Shoe							
								Latch Down							
								Pumptrk Charge Surface							
								Mileage 15 min							
												Tax			
												Discount			
												Total Charge			
X Signature <i>Lee Jorber</i>															