



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



1095001

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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## DRILL LOG

Operator License# \_\_\_\_\_

API 15-121-29222-00-00

Operator \_\_\_\_\_

Lease Name ABC

Address \_\_\_\_\_

Well # 27

Contractor JTC Oil, Inc.

Spud Date 8/15/12 Cement 8/28/12

Contractor License\_\_32834  
of \_\_\_\_\_

Location \_\_\_\_\_

T.D. 438 T.D. of Pipe 412

\_\_\_\_\_ feet from \_\_\_\_\_

Surf. Pipe Size \_\_\_\_\_ Depth \_\_\_\_\_  
from \_\_\_\_\_

\_\_\_\_\_ feet

Kind of Well \_\_\_\_\_

County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
14	clay/soil	0	14	12	shale	113	125
2	shale	14	16	11	lime	125	136
19	lime	16	35	4	shale	136	140
21	shale	35	56	12	lime	140	152
4	lime	56	60	8	black shale	152	160
3	shale	60	63	22	lime	160	182
5	lime	63	68	4	black shale	182	186
27	shale	68	95	4	lime	186	190
5	lime	95	100	2	shale	190	192
2	shale	100	102	1	lime	192	193

<b>11</b>	<b>lime</b>	<b>102</b>	<b>113</b>	<b>1</b>	<b>shale</b>	<b>193</b>	<b>194</b>
				<b>6</b>	<b>lime</b>	<b>194</b>	<b>200</b>
				<b>30</b>	<b>shale</b>	<b>200</b>	<b>230</b>
				<b>2</b>	<b>lime</b>	<b>230</b>	<b>232</b>
				<b>103</b>	<b>shale</b>	<b>232</b>	<b>335</b>
				<b>3</b>	<b>red bed</b>	<b>335</b>	<b>338</b>
				<b>2</b>	<b>little</b>	<b>338</b>	<b>340</b>
				<b>2</b>	<b>little</b>	<b>340</b>	<b>342</b>
				<b>2</b>	<b>little</b>	<b>342</b>	<b>344</b>
				<b>2</b>	<b>better</b>	<b>344</b>	<b>346</b>
				<b>2</b>	<b>better</b>	<b>346</b>	<b>348</b>
				<b>2</b>	<b>better</b>	<b>348</b>	<b>350</b>
				<b>2</b>	<b>good</b>	<b>352</b>	<b>354</b>
				<b>2</b>	<b>good</b>	<b>354</b>	<b>356</b>
				<b>2</b>	<b>vgood</b>	<b>356</b>	<b>358</b>
				<b>2</b>	<b>vgood</b>	<b>358</b>	<b>360</b>
				<b>2</b>	<b>vgood</b>	<b>360</b>	<b>362</b>
				<b>2</b>	<b>good</b>	<b>362</b>	<b>364</b>
				<b>2</b>	<b>good</b>	<b>364</b>	<b>366</b>
				<b>14</b>	<b>lime</b>	<b>366</b>	<b>380</b>
				<b>50</b>	<b>shale</b>	<b>380</b>	<b>430</b>
				<b>8</b>	<b>lime</b>	<b>430</b>	<b>438</b>

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**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 39559

LOCATION Ottawa KS

FOREMAN Fred Maden

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

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/28/12	4015	ABC # P-27	SW 22	17	22	mi

CUSTOMER  
JTC Oil Inc

MAILING ADDRESS  
35688 Plum Creek Rd

CITY Oswatimie STATE KS ZIP CODE 66064

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fred Mad	Safety	Mdy
495	Har Bor	HB	
675	Ken Det		
593	Don Det		

JOB TYPE Long string HOLE SIZE 6" HOLE DEPTH 438 CASING SIZE & WEIGHT 2 7/8 EUE

CASING DEPTH 412 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_

SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug

DISPLACEMENT 2.7 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4BPM

REMARKS: Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump 5ks OWC Cement. Cement to surface. Flush pump lines. clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800 PSI. Release pressure to set float valve. Shut in casing

JTC Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 <sup>00</sup>
5406	—	MILEAGE		N/C
5402	412	Casing footage		N/C
5407	1/3 minimum	Ton Miles	503	116 <sup>67</sup>
5502C	1 1/2 hr	80 BBL Vac Truck	675	135 <sup>00</sup>
1126	51 SKS	OWC Cement		958 <sup>00</sup>
115B	100#	Premium Gel		21 <sup>00</sup>
4402	1	2 1/2" Rubber Plug		28 <sup>00</sup>
1107	13#	Flo Seal		30 <sup>55</sup>
			7.55%	SALES TAX 78 <sup>40</sup>
				ESTIMATED TOTAL 2398 <sup>42</sup>

Ravin 3737

AUTHORIZATION [Signature] 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

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