



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



1095369

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
---	---

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)* \_\_\_\_\_

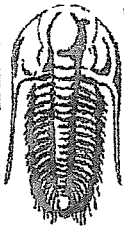
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	Gore Oil Company
Well Name	Ross 'C' 5
Doc ID	1095369

All Electric Logs Run

Dual Receiver Cement Bond Log
Dual Induction Log
Dual Compensated Porosity Log
Microresistivity Log
Borehole Compensated Sonic Log



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Gore Oil Company  
202 S. St. Francis  
Wichita, KS. 67202  
ATTN: Don Rider

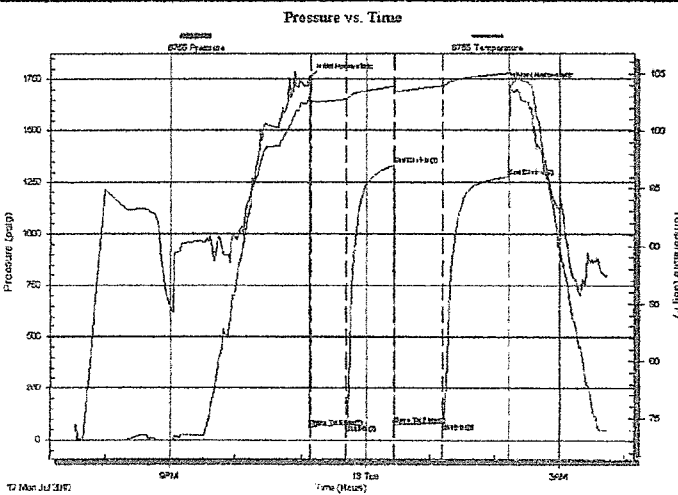
**Ross C #5**  
**7-10s-17w-Rooks**  
Job Ticket: 38736      DST#: 1  
Test Start: 2010.07.12 @ 19:32:15

## GENERAL INFORMATION:

Formation: **KC**  
Deviated: No Whipstock:                      ft (KB)  
Time Tool Opened: 23:07:45  
Time Test Ended: 03:43:45  
Interval: **3444.00 ft (KB) To 3560.00 ft (KB) (TVD)**  
Total Depth: 3560.00 ft (KB) (TVD)  
Hole Diameter: 7.80 inches Hole Condition: Good  
Test Type: Conventional Bottom Hole  
Tester: Jason McLemore  
Unit No: 32  
Reference Elevations: 2135.00 ft (KB)  
2127.00 ft (CF)  
KB to GR/CF: 8.00 ft

**Serial #: 6755      Inside**  
Press@RunDepth: 85.96 psig @ 3542.00 ft (KB)      Capacity: 8000.00 psig  
Start Date: 2010.07.12      End Date: 2010.07.13      Last Calib.: 2010.07.12  
Start Time: 19:32:15      End Time: 03:43:45      Time On Btm: 2010.07.12 @ 23:07:30  
Time Off Btm: 2010.07.13 @ 02:14:00

TEST COMMENT: FFP-Weak Blow ,Built to 2-1/2"  
ISI-Dead  
FFP-Weak Blow ,Built to 2"  
FSI-Dead



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1756.84	103.01	Initial Hydro-static
1	61.88	102.04	Open To Flow (1)
34	76.08	102.84	Shut-In(1)
79	1334.81	103.94	End Shut-In(1)
79	75.99	103.42	Open To Flow (2)
124	85.96	103.98	Shut-In(2)
186	1279.83	105.06	End Shut-In(2)
187	1715.52	104.99	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
50.00	Drilling Mud	0.70

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mc/d)

# ALLIED CEMENTING CO., LLC. 041660

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell KS

DATE <u>7-7-10</u>	SEC <u>7</u>	TWP. <u>10</u>	RANGE <u>17</u>	CALLED OUT	ON LOCATION	JOB START <u>5:00am</u>	JOB FINISH <u>5:30am</u>
LEASE <u>Reas "C"</u>	WELL # <u>5</u>	LOCATION <u>Plainville KS South to "AA" Rd</u>		COUNTY <u>Reels</u>	STATE <u>KS</u>		
OLD OR <b>NEW</b> (Circle one) <u>NEW</u> (Circle one)							

CONTRACTOR Maverick Rig 108 OWNER \_\_\_\_\_

TYPE OF JOB Surface CEMENT  
 HOLE SIZE 12 1/4 T.D. 221'  
 CASING SIZE 8 5/8 DEPTH 221'  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. 15'  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 13.1 Bbl

EQUIPMENT  
 PUMP TRUCK CEMENTER John Roberts  
 # 417 HELPER Heath  
 BULK TRUCK DRIVER Glenn  
 # 473  
 BULK TRUCK DRIVER \_\_\_\_\_  
 # \_\_\_\_\_  
 HANDLING 75 @ 2.25 168.75  
 MILEAGE 104.1/mile @ \_\_\_\_\_ 300.00  
 TOTAL 2455.00

REMARKS:  
Est. Circulation  
Mix 150sk cement  
Displace w/ 13 Bbl H<sub>2</sub>O  
Cement Did Circulate!

CHARGE TO: Garc Oil Co.  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DEPTH OF JOB \_\_\_\_\_ SERVICE \_\_\_\_\_  
 PUMP TRUCK CHARGE \_\_\_\_\_ 991.00  
 EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_  
 MILEAGE 15 @ 7.00 105.00  
 MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 TOTAL 1096.00

PLUG & FLOAT EQUIPMENT  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
8 5/8 Wooden Plug @ \_\_\_\_\_ N-C  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 TOTAL \_\_\_\_\_

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES 1096.00  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

PRINTED NAME Bill Skeen  
 SIGNATURE Bill Skeen

To Allied Cementing Co., LLC.  
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

**JOB LOG**

**SWIFT Services, Inc.**

DATE 07-27-10 PAGE NO. 1

CUSTOMER GORE OIL WELL NO. 5 LEASE Ross C JOB TYPE CMT: POLY CEMENT TICKET NO. 18044

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0800							DNL LOCATION CMT: 175 SWS SMD 1/4 FLOOR 2 3/8 x 5 1/2 POLY CEMENT @ 1434
	0825		4.5	✓	✓	1000	1000	PSI TEST
	0828	3.0	5.0	✓		100		FMJ RATE
	0835	3.5	0	✓		300		START CMT @ 11.2#/SEC
		4.5	10.0	✓		500		" CIRC MUD OUT
			60.0	✓				CIRC CMT
			700	✓				START 20 SWS @ 14#/SEC
			760	✓				END CMT
			0	✓				START DISP. 126 SWS @ 11.2#/SEC
	0850		4.7	✓				END DISP. 19 SWS @ 14#/SEC
								CLOSE P.C. TOTAL CMT 145 SWS
	0855			✓	✓	1100	1100	PSI TEST HOLD 20 TO PT.!
								RUN IN 5 JOINTS
	0905	3.0	0	✓			250	REIN OUT
			6.0	✓				1ST FLG
			10.0	-				2ND FLG
	0911		20.0	-			200	ALL CLEAR
	0945							JOB COMPLETE
								THANK YOU! DAVE JOHNSON

JOB LOG

SWIFT Services, Inc.

CUSTOMER Gene Oil Co WELL NO. C#5 LEASE Ross JOB TYPE Longstring DATE 7-13-10 PAGE NO. 1  
 TICKET NO. 17982

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0845							on loc
								RTD 3675'
								5 1/2" x 15.5 # 3673' x 13'
								Cent. 1, 2, 3, 5, 7, 9, 11, 52
								Basket 2, 52
								P.C. 53 @ 1434'
	2130							Start FE
	2310							Break Circ.
	0000	2.5	7					Plug RH 25 sks Std EA-2
	0005	4.5	0					200 Start Mud flush 500 gal
		4.5	12/0					200 Start KCL flush 20 bbl
		5.5	20/0					250 Start Cement 150 sks std EA-2
	0020		40					End Cement
								Wash P&L
								Drop Plug
	0025	6.5	0					100 Start Displacement
		5	54					200 Catch Cement
	0040		87					700/1300 and Plug
								Rel Pressure
								Float <del>held</del> did not hold
								Repressure
								1000 shut in @ 1000 psi

Thank you  
 Nick, Josh F. & John