



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: _____



1095748

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

85-483-2025
35-324-1041

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

No. 358

Date	1-27-12	Sec.	13	Twp.	21	Range	16	County	PAWNEE	State	KANSAS	On Location		Finish	9:00 PM
Lease	F-N UNIT		Well No.	1		Location PAWNEE ROCK, KS 3 3/4 W. ON 156 Hwy 5 INTO									
Contractor	STERLING RIG #4					Owner SHELBY RESOURCES / CAPTIVA II									
Type Job	L. SURFACE					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.									
Hole Size	12 1/4		T.D.	1015		Charge To SHELBY RESOURCES									
Csg.	8 5/8		Depth	1010.23		Street 2717 CANAL BLVD, SUITE C									
Tbg. Size			Depth			City HAYS State KANSAS									
Tool			Depth			The above was done to satisfaction and supervision of owner agent or contractor.									
Cement Left in Csg.			Shoe Joint	34.92		Cement Amount Ordered 400 4 1/4 - 3 1/2 CC - 2% GEL - 1/4 FLO									
Meas Line			Displace	62											

EQUIPMENT

Pumptrk	15	No.	Cementor	BISCO	Common	240
Bulktrk	12	No.	Helper	MICHAEL	Poz. Mix	160
Bulktrk	P/U	No.	Driver	RICK	Gel.	8
			Driver		Calcium	15

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal 100#
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
	Sand
	Handling 423
	Mileage

Cement did Circulate
F-N Collar

FLOAT EQUIPMENT

Guide Shoe	1-8 5/8
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	
	1-8 5/8 BAFFLE PLATE
	1-8 5/8 RUBBER PLUG
Pumptrk Charge	Long Surface
Mileage	19

X Signature *Jerry M. Salage*

Tax	
Discount	
Total Charge	

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Fax 785-324-1041

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

No. 222

Date	1/30/12	Sec.	13	Twp.	21	Range	16	County	Pawnee	State	KS	On Location		Finish	8:45 PM	
Lease	F-N Unit		Well No.		1		Location Pawnee Rock, 4 SW, 5+E into									
Contractor	Sterling Drilling Rig # 2							Owner								
Type Job	PTA							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.								
Hole Size	7 7/8"		T.D.		2626'		Charge To Captiva II									
Csg.								Depth								
Tbg. Size								Depth								
Tool								Street								
Cement Left in Csg.								City								
Meas Line								State								
							The above was done to satisfaction and supervision of owner agent or contractor.									
							Cement Amount Ordered 210 sx 60/10 4" gel 4# flocc									

EQUIPMENT

Pumptrk	9	No.	Cementer	Paul	Common	126
			Helper			
Bulktrk	3	No.	Driver	Matt	Poz. Mix	84
			Driver			
Bulktrk	PV	No.	Driver	Cory	Gel.	7
			Driver			

JOB SERVICES & REMARKS

Remarks:	Calcium
Rat Hole 30sx	Hulls
Mouse Hole 20sx	Salt
Centralizers	Flowseal 50#
Baskets	Kol-Seal
D/V or Port Collar	Mud CLR 48
1050' - 100sx	CFL-117 or CD110 CAF 38
500' - 40sx	Sand
60' - 20sx	Handling 217
	Mileage

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	Pumptrk Charge plug
	Mileage 19

Tax	
Discount	
Total Charge	

X Signature *Mary A. Saloge*

Thank You!

4