



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



1095759

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Phillips Exploration Co. LC

**22-19s-16w Rush**

1601 Sagebrush  
Wichita Ks. 67230

**Dyer 1-22**

Job Ticket: 44600

**DST#: 1**

ATTN: Jim Phillips

Test Start: 2012.01.24 @ 23:27:05

## GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 02:03:10

Time Test Ended: 07:30:39

Test Type: Conventional Bottom Hole (Initial)

Tester: Andy Carreira

Unit No: 39

**Interval: 3764.00 ft (KB) To 3834.00 ft (KB) (TVD)**

Reference Elevations: 2075.00 ft (KB)

Total Depth: 3834.00 ft (KB) (TVD)

2063.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 12.00 ft

**Serial #: 8352 Outside**

Press @ Run Depth: 70.04 psig @ 3771.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.01.24

End Date:

2012.01.25

Last Calib.:

2012.01.25

Start Time:

23:27:05

End Time:

07:30:40

Time On Btm:

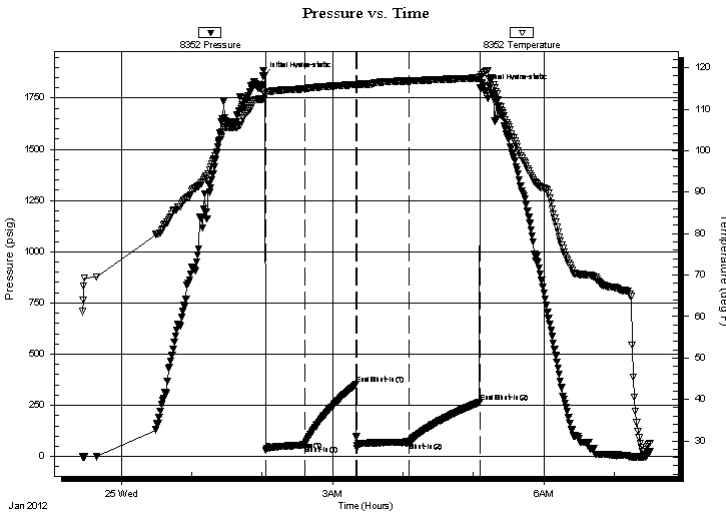
2012.01.25 @ 02:00:50

Time Off Btm:

2012.01.25 @ 05:05:50

**TEST COMMENT:** IF:(30min) BOB, 30 seconds.  
ISl:(45min) No Return  
FF:(45min) BOB, immediately.  
FSl:(60min) No Return

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1856.88	112.34	Initial Hydro-static
3	31.15	113.43	Open To Flow (1)
36	56.89	114.97	Shut-In(1)
79	352.39	115.95	End Shut-In(1)
80	40.19	115.81	Open To Flow (2)
125	70.04	116.82	Shut-In(2)
185	265.07	117.55	End Shut-In(2)
185	1798.21	117.93	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
120.00	Mud w / oil spcks in tool	0.59
0.00	GIP= 660ft	0.00

## Gas Rates

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



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# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Phillips Exploration Co. LC

**22-19s-16w Rush**

1601 Sagebrush  
Wichita Ks. 67230

**Dyer 1-22**

Job Ticket: 44600

**DST#: 1**

ATTN: Jim Phillips

Test Start: 2012.01.24 @ 23:27:05

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 54.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.40 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 10400.00 ppm

Filter Cake: inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
120.00	Mud w / oil spcks in tool	0.590
0.00	GIP= 660ft	0.000

Total Length: 120.00 ft      Total Volume: 0.590 bbl

Num Fluid Samples: 0

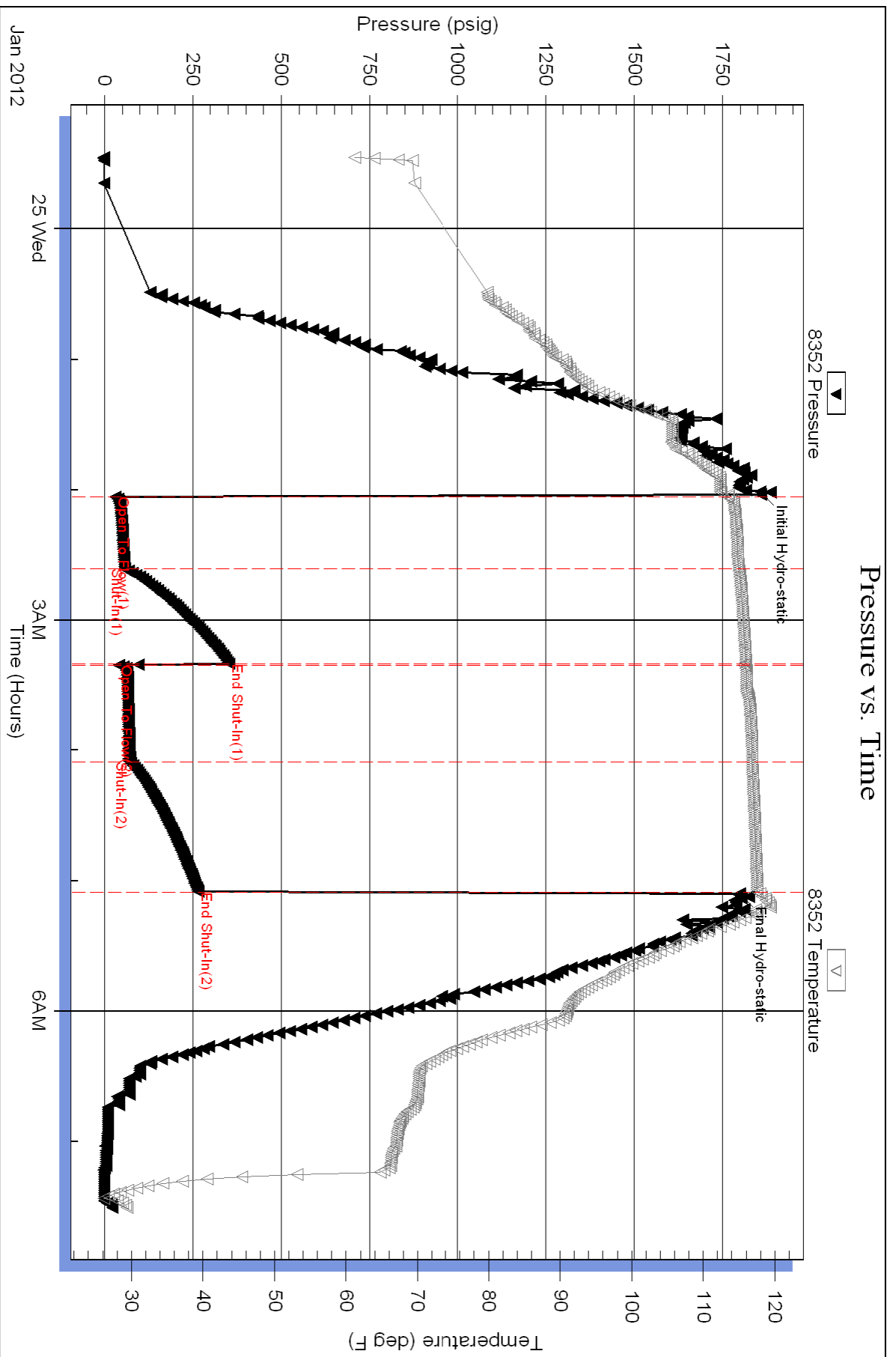
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



# 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. 352

Date	1-19-12	Sec.	22	Twp.	19	Range	14	County	RUSH	State	KANSAS	On Location		Finish	7:30
Lease	D/EP		Well No.			1-22		Location							
								OTIS, KS - 55-96 Hwy 2W - 75 RW KIC'S							
Contractor								Owner							
SOUTHWIND '70								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								LONG SURFACE							
Hole Size				T.D.				Charge To				To			
12 1/4				1131				PHILLIPS EXPLORATION							
Csg.				Depth				Street							
8 5/8				1129											
Tbg. Size				Depth				City				State			
Tool				Depth				The above was done to satisfaction and supervision of owner agent or contractor.							
Cement Left in Csg.				Shoe Joint				Cement Amount Ordered							
				51.22				425 Com 3#2 41B F10							
Meas Line				Displace											
				68.5											

**EQUIPMENT**

Pumptrk	15	No.	Cementor		Common	425
			Helper	RECK		
Bulktrk	12	No.	Driver	LOBBY	Poz. Mix	
			Driver			
Bulktrk	P/U	No.	Driver	CSLO	Gel.	8
			Driver			

**JOB SERVICES & REMARKS**

Remarks:	Calcium	14
Rat Hole	Hulls	
Mouse Hole	Salt	
Centralizers	Flowseal	
Baskets	Kol-Seal	
D/V or Port Collar	Mud CLR 48	
	CFL-117 or CD110 CAF 38	
	Sand	
5 BL WATER BEFORE CEMENT	Handling	437
	Mileage	

**FLOAT EQUIPMENT**

CEMENT DID CIRCULATE	Guide Shoe	
	Centralizer	
	Baskets	
	AFU Inserts	
	Float Shoe	
	Latch Down	
	1 RUBBER	
	1 BAFFLE PLATE	
	Pumptrk Charge	LONG SURFACE
	Mileage	16

Signature	Tax	Discount
		Total Charge

X Signature *Tim Fahn*