



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



1096224

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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If no, Submit Copy)</i><br><br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>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<br>_____ Protect Casing<br>_____ Plug Back TD<br>_____ Plug Off Zone |                  |                |              |                            |
|  |                  |                |              |                            |

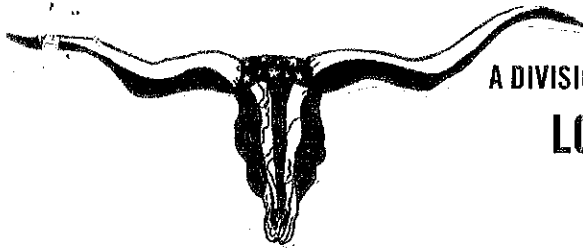
| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|---|--|-------|
|                |   |  |       |
|                |   |  |       |
|                |   |  |       |
|                |   |  |       |

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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

|  |   |   |
|--|---|---|
| <b>DISPOSITION OF GAS:</b><br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | <b>METHOD OF COMPLETION:</b><br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____<br><i>(Submit ACO-4)</i> | <b>PRODUCTION INTERVAL:</b><br>_____<br>_____ |
|--|---|---|



A DIVISION OF ADVANCED DRILLING TECHNOLOGIES, LLC.

FIELD SERVICE TICKET AND INVOICE

LONGHORN CEMENTING CO.

P.O. BOX 203 YUMA, COLORADO 80759 Phone: 970-848-0799 Fax: 970-848-0798

DATE 4-18-12 TICKET NO. 2275

Job details form including DATE OF JOB, CUSTOMER (Ventex Operating Corp), ADDRESS, CITY, STATE, SERVICE CREW (Mike E - Mark B.), EQUIPMENT (UNIT #111), and various technical specifications for the job.

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only these terms and conditions appearing on the front and back of this document.

SIGNED: (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

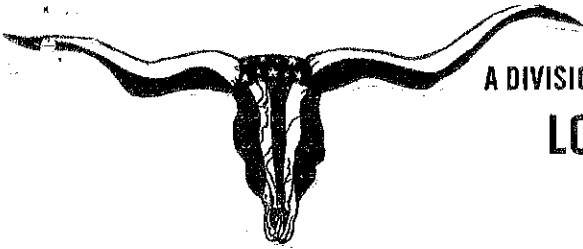
Table with columns: ITEM / PRICE REF. NUMBER, MATERIAL, EQUIPMENT AND SERVICES USED, UNIT, QUANTITY, UNIT PRICE, \$ AMOUNT. Includes entries for Depth charge - Cement - Mileage, Calcium chloride, and Cement 14.1 BBLs 60 SKS.

ACID DATA table with columns: GALLONS, %, ADDITIVES. Includes rows for HCL.

Summary table showing SUB TOTAL 3448.00, Less discount -250.00, Less 30% 1934.40, and TOTAL 4513.60.

SERVICE REPRESENTATIVE signature and name.

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)



A DIVISION OF ADVANCED DRILLING TECHNOLOGIES, LLC.

# LONGHORN CEMENTING CO.

P.O. BOX 203 YUMA, COLORADO 80759  
 Phone: 970-848-0799 Fax: 970-848-0798

FIELD SERVICE TICKET  
 AND INVOICE

DATE 4-17-12 TICKET NO. 2274

|                                       |                              |  |  |   |                              |                              |                     |                  |
|---------------------------------------|------------------------------|--|--|---|------------------------------|------------------------------|---------------------|------------------|
| DATE OF JOB                           | DISTRICT                     | NEW WELL <input checked="" type="checkbox"/> | OLD WELL <input type="checkbox"/>                        | PROD <input type="checkbox"/>             | INJ <input type="checkbox"/> | WDW <input type="checkbox"/> | CUSTOMER ORDER NO.: |                  |
| CUSTOMER <u>Ventex Operating Corp</u> | LEASE <u>Riffel Trust #1</u> |  |  |   |                              |                              | WELL NO.            |                  |
| ADDRESS                               | COUNTY                       | STATE  |  |   |                              |                              |                     |                  |
| CITY                                  | STATE                        | SERVICE CREW <u>Mike E. Mark S.</u>          |  |   |                              |                              |                     |                  |
| AUTHORIZED BY                         | EQUIPMENT <u>UNIT #111</u>   |  |  |   |                              |                              |                     |                  |
| TYPE JOB: <u>Surface</u>              | DEPTH                        | FT.  | CEMENT DATA: BULK <input type="checkbox"/>               | SAND DATA: SACKS <input type="checkbox"/> | TRUCK CALLED                 | DATE                         | AM                  | TIME             |
| SIZE HOLE: <u>12 1/4</u>              | DEPTH                        | FT.  | SACKS  | BRAND                                     | TYPE                         | % GEL                        | ADMIXES             | ARRIVED AT JOB   |
| SIZE & WT. CASTING <u>NEW 8598</u>    | DEPTH                        | FT.  |  |   |                              |                              |                     | START OPERATION  |
| SIZE & WT. D PIPE OR TUBING           | DEPTH                        | FT.  |  |   |                              |                              |                     | FINISH OPERATION |
| TOP PLUGS                             | TYPE:                        | WEIGHT OF SLURRY: <u>14,865</u>              |  | LBS. / GAL.                               |                              | RELEASED                     |                     |                  |
|                                       |                              | VOLUME OF SLURRY <u>1,320</u>                |  | CU FT / SK                                |                              | MILES FROM STATION TO WELL   |                     |                  |
| <u>270'</u>                           | MAX DEPTH                    | FT.  | SACKS CEMENT TREATED WITH <u>3</u> % OF <u>Calc. Clm</u> |   |                              |                              |                     |                  |
|                                       |                              |  | MAX PRESSURE   | P.S.I.                                    |                              |                              |                     |                  |

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only these terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without written consent or an officer of Advanced Drilling Technologies, LLC.

SIGNED: \_\_\_\_\_  
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

| ITEM / PRICE REF. NUMBER | MATERIAL, EQUIPMENT AND SERVICES USED | UNIT    | QUANTITY | UNIT PRICE | \$ AMOUNT     |
|--------------------------|---------------------------------------|---------|----------|------------|---------------|
| 001-2                    | Depthcharge - Cement - Mileage        |         |          |            | 1500 -        |
| 100-1                    | Mileage                               |         | 80       | 10.85      | 868 -         |
| 400-4                    | Calcium chloride                      | 100#    |          | 30 -       | 600 -         |
| 400-5                    | Cottonseed hulls                      | 160#    |          | 30 -       | 960 -         |
|                          | Cement 40 BBLs                        | 170 SKS |          | 17.50      | 2975 -        |
|                          | Displaced 15.0 BBLs                   |         |          |            |               |
| <b>SUB TOTAL</b>         |                                       |         |          |            | <b>5500 -</b> |

| ACID DATA: |         |   |           |
|------------|---------|---|-----------|
|            | GALLONS | % | ADDITIVES |
| HCL        |         |   |           |
| HCL        |         |   |           |

|                     |             |
|---------------------|-------------|
| SERVICE & EQUIPMENT | % TAX ON \$ |
| MATERIALS           | % TAX ON \$ |
| <b>TOTAL</b>        |             |

SERVICE REPRESENTATIVE [Signature] THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY [Signature]  
 FIELD SERVICE ORDER NO. \_\_\_\_\_ (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)