



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



1096230

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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
ON Well Services, LLC

**ENTERED**

TICKET NUMBER 36206  
LOCATION 180  
FOREMAN Larry Storm

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** APF 15-127-20592-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-19-12	8544	Herpich Trust # 1	28	16	5	Morris
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
VENTAS			603	Jeff	Josh	
MAILING ADDRESS			442	Mark		
3141 Hood St., STE 700			539	Larry		
CITY	STATE	ZIP CODE				
Dallas	TX	75219				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 270 CASING SIZE & WEIGHT 858  
 CASING DEPTH 262 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.5 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 16.87 DISPLACEMENT PSI 250 MIX PSI 0 RATE \_\_\_\_\_

REMARKS: Rigged up to 858 casing - Broke circulation - moved 165 sks A - 3% CMC2 + 2% Gel + 12 lb Poly - Displaced Cement with 15 bbls - Circulated Cement to Surface

Displaces with 15 bbls

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
54016	50	MILEAGE	4.00	200.00
11045	165	sks A	14.95	2466.75
1102	400	lbs CMC2	.74	296.00
1107	75	lbs Poly	2.35	176.25
11183	350	lbs Gel	1.74	73.50
5407	50	Bulk Depprox 7.75 towx	1.34	519.25
4132	3	858 Cement Baskets	69.00	207.00
4106	2	858 Cement Baskets	320.00	640.00
		<u>Subtotal</u>		<u>5403.75</u>
			SALES TAX	<u>281.75</u>
			ESTIMATED TOTAL	<u>5685.50</u>

Favin 3737

*[Handwritten Signature]*

250190

AUTHORIZATION \_\_\_\_\_ 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.



**CONSOLIDATED**  
Oil Well Services, L.L.C.

**ENTERED**

TICKET NUMBER 36178  
LOCATION #180 Eldorado  
FOREMAN Jacob Storm

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

Api 15-127-20592-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-30-12	8544	Herpich Trust #1	28	16	SE	Morris
CUSTOMER <u>ven tex</u>						
MAILING ADDRESS <u>3141 Hood St Ste 200</u>						
CITY <u>Dallas</u>		STATE <u>TX</u>	ZIP CODE <u>75219</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>603</u>	<u>Jeff</u>	<u>511</u>	<u>Jacob</u>
			<u>442</u>	<u>Mark</u>		
			<u>502</u>	<u>Steve</u>		
			<u>451 T108</u>	<u>Clay</u>		

JOB TYPE Long string B HOLE SIZE 7 7/8 HOLE DEPTH 2479 CASING SIZE & WEIGHT 5 1/2 15.516  
CASING DEPTH 2470 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER Shoe Joint 42ft  
SLURRY WEIGHT 15.516 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT In CASING \_\_\_\_\_  
DISPLACEMENT 57.78 DISPLACEMENT PSI 900 MIX PSI 100 RATE 8 bpm

REMARKS: Salty meafing, Break circulation mixed 500 gal Dv 1100 (mud flush) tailed with 5 bbl fresh water, mixed 200 sks 60/40 poz 8 1/2 gel 5% Kol seal 2% cc 1/2 lb poly tailed with 75 sks thick set 5% Kol seal, displaced with 57.78 bbl Kcl water landing plug at 1350 psi. Checked float, float held

87.6 slurry

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	50	MILEAGE	4.00	200.00
5407	2	min bulk delivery	350.00	700.00
5501C	8	Transport	112.00	896.00
1126A	75	Thick set	19.20	1440.00
1131	200	60/40	12.55	2510.00
1110 A	1400	Kol-seal	.46	644.00
1118B	1600	gel	.21	336.00
1107	100	poly-Flake	2.35	235.00
1123	6	city water	16.50	99.00
1102	320	Calcium chloride	.74	236.80
4130	7	5 1/2 centrizer	48.00	336.00
4454	1	5 1/2 Latch down plug	254.00	254.00
3172	10	Kcl	33.50	335.00
11445	500	Dv 1100	1.05	525.00
5404	6	hrx 5min waiting time	84.00	252.00
4106	3	8 1/2 centrizer baskets credit	320.00	960.00
	4	8 1/2 centrizer credit	69.00	276.00
		(on separate credit memo)		
		SALES TAX		482.91
		ESTIMATED TOTAL		12779.77

Revin 3737

AUTHORIZATION [Signature]

TITLE Foreman

250918

DATE 6-30-12

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.