



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



1099438

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Krier, Kirby Oil, Inc.
Well Name	Rehme North 1
Doc ID	1099438

Tops

Name	Top	Datum
HEEBNER	2997	-1162
TORONTO	3015	-1180
DOUGLAS	3030	-1195
BROWN LIME	3109	-1274
LANSING	3123	-1288
BASE KANSAS CITY	3399	-1564
CONGLOMERATE	3408	-1573
RTD	3506	-1671
LTD	3507	-1672

# 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. 5391

Date	10-23-12	Sec.	29	Twp.	18	Range	11	County	Barton	State	Ks	On Location		Finish	6:15 PM
Lease	Lorraine, North			Well No.	1			Location	K-4 * Camp Aldrich BIK top 5 to						
Contractor	Kozal #1			Owner	156 Hwy, 1/4 E on 70th, 13/15										
Type Job	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.	278'			Charge To	Kirby Krier						
Csg.	5 3/8"			Depth	278'			Street							
Tbg. Size				Depth				City	State						
Tool				Depth				The above was done to satisfaction and supervision of owner agent or contractor.							
Cement Left in Csg.	15'			Shoe Joint	15'			Cement Amount Ordered	180 S Common 3% CC						
Meas Line				Displace	16 3/4 BLS										

**EQUIPMENT**

Pumptrk	16	No.	Cementor	T. Lewis	2% Gel
			Helper		Common
Bulktrk	14	No.	Driver	Heath	Poz. Mix
			Driver		
Outktrk	2	No.	Driver	R. K.	Gel.
			Driver		

**JOB SERVICES & REMARKS**

Remarks:	Cement did Circulate				
Rat Hole	Calcium				
Mouse Hole	Hul's				
Centralizers	Salt				
Baskets	Flowseal				
D/V or Port Collar	Kol-Seal				
	Mud CLR 48				
	CFL-117 or CD110 CAF 38				
	Sand				
	Handling				
	Mileage				

**FLOAT EQUIPMENT**

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

	Pumptrk Charge	
	Mileage	
	Tax	
	Discount	
	Total Charge	

X Signature *[Handwritten Signature]*

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

No. 5399

Date	10-28-12	Sec.	29	Twp.	18	Range	11	County	Barton	State	Ks	On Location	Finish	3:00 PM
Lease	Behme North			Well No.	1			Location	Camp Aldrich Rd + 156 Hwy, 1 1/4 E					
Contractor	Royal #1			Owner	Sinto									
Type Job	Plug			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 1/8"			T.D.	3506'			Charge To	Kirby Krier					
Csg.				Depth	3480'			Street						
Tbg. Size	4 1/2" D.P.			Depth										
Tool				Depth										
Cement Left in Csg.				Shoe Joint										
Meas Line				Displace	H2O / Mud			City	State					
EQUIPMENT								The above was done to satisfaction and supervision of owner agent or contractor.						
								Cement Amount Ordered <del>5</del> 5x 60/40 4% Gel						
								1/4 # Flo-seal						
Pumptrk	5	No.		Cement	D			Common						
				Helper	Brett									
Bulktrk	14	No.		Driver	Heath			Poz. Mix						
				Driver	D									
Bulktrk	9	No.		Driver	Rick			Gel.						
				Driver	D									
JOB SERVICES & REMARKS								Calcium						
Remarks:								Hulls						
Rat Hole								Salt						
Mouse Hole								Flowseal						
Centralizers								Kol-Seal						
Baskets								Mud CLR 48						
D/V or Port Collar								CFL-117 or CD110 CAF 38						
3480' - 25 SX								Sand						
700' - 25 SX								Handling						
325' - 60 SX								Mileage						
46' - 10 SX w/ plug								<b>FLOAT EQUIPMENT</b>						
Rathole - 30 SX								Guide Shoe						
Mousehole - 15 SX								Centralizer						
								Baskets						
Cement did Circulate.								AFU Inserts						
								Float Shoe						
								Latch Down						
								1 - Dry hole plug						
								Pumptrk Charge						
								Mileage						
								Tax						
								Discount						
								Total Charge						
Signature														