



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: _____



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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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FIELD TICKET & TREATMENT REPORT

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

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-13-12	2600	Booth #13	3	T55	9E	Greenwood
CUSTOMER	C & G Drilling Inc		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS	701 E River St		485	Alan M		
CITY	STATE	ZIP CODE	611			
Eureka	KS	67045				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 40 CASING SIZE & WEIGHT 8 1/2
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 5'
 DISPLACEMENT 2 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 1/4 casing. Break Circulation w/ Fresh water. Mix 40% Class A Cement w/ 3% Coalz & 2% Gel. Dip place with 2 bbls Fresh water. Shut well in Good cement Returns to surface. Job Complete Rig down

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54615	1	PUMP CHARGE	825.00	825.00
5466	10	MILEAGE	4.00	40.00
11045	40 Skr	Class A Cement	14.95	598.00
1102	110*	Coalz 3%	.74	81.40
1118B	75*	Gel 2%	.21	15.75
5407		Ten mileage Bulk Truck	m/c	350.00
<div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 0 auto;"> 6% Discount 298.047 \$1862.85 </div>				
		Sub Total		1910.15
		SALES TAX		50.74
		ESTIMATED TOTAL		1960.89

Rev# 3737

AUTHORIZATION J. Colton 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:



O Box 884, Chanute, KS 66720
20-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT AOI # 15-073-2476

LOCATION Eureka
FOREMAN Rich Ledford

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-14-12	2600	Booth #13	3	253	9E	GV
CUSTOMER	C+G Drilling		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS	701 E. River		520	John		
CITY	STATE	ZIP CODE	515	Calin		
Eureka	KS	672045	637	Jacy		
				Chris M.		

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 2426' CASING SIZE & WEIGHT 5 1/2" OTHER _____

CASING DEPTH 2421 DRILL PIPE _____ WATER GALL/ISK 9.0.9.0 CEMENT LEFT IN CASING 0'

SLURRY WEIGHT 13.0 @ 13.5* SLURRY VOL 90 Bbl WATER PSI 1500 Bump/leg _____ RATE _____

DISPLACEMENT 58 Bbl DISPLACEMENT PSI 1000

REMARKS: Safety meeting - Rig up to 5 1/2" casing w/ rotating head. Pumped 10 Bbl water ahead
Mixed 200 sacks coal/40 Ozonix cement w/ 8% gel + 4% flocc/blk @ 13.0#/gal. Tail in w/ 85
sks thickset cement w/ 5" Kal-seal/sk @ 13.5#/gal. without pump + lms, release latch down
also. Displace w/ 58 Bbl fresh water. Final pump pressure less P.S. Drop plug to 1500 PSI.
release pressure, flood + plug held. Good cement returns to surface = 1 Bbl slurry to pit.
Job complete. Rig down.

Note: Missed catherine centralizers on 1,3,5,7,9 based on #10

"..Thank you"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	15	MILEAGE	4.00	60.00
1131	200 SCS	Coal/40 Ozonix cement	12.55	2510.00
1118B	1325#	8% gel	.21	288.75
1107	43#	4% floccle/sk	2.35	101.05
1126A	85 SCS	thickset cement	19.20	1632.00
1116A	425#	5" Kal-seal/sk	.46	195.50
5407	13.3	ton mileage bulk trk	m/c	350.00
5502E	3 hrs	80 Bbl vac. TRK	96.00	270.00
1123	3000 gals	city water	16.50/1000	49.50
4104	1	5 1/2" cement basket	229.00	229.00
4130	5	5 1/2" x 7 7/8" centralizers	48.00	240.00
4159	1	5 1/2" AFD float shoe	344.00	344.00
4454	1	5 1/2" latch down plug	254.00	254.00
4310	1	Rental on 5 1/2" rotating head	100.00	100.00
		590 < 404.397 = 1683.31	Subtotal	7653.80
		1.32	SALES TAX	433.90
			ESTIMATED TOTAL	8087.70

Ravin 3737

Sutton

250600

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.