



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



1102722

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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# ALLIED CEMENTING CO., INC.

Federal Tax I.D.# 48-0727860

KB  
27188

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:

LIBERAL KS

DATE <u>10-11-12</u>	SEC. <u>10</u>	TWP. <u>35</u>	RANGE <u>35</u>	CALLED OUT	ON LOCATION	JOB START <u>12:01</u>	JOB FINISH <u>1:52 PM</u>
LEASER <u>MERCURY</u>	WELL# <u>3-10</u>	LOCATION <u>LIBERAL W. 2nd ST</u>			COUNTY <u>STEVENSON</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>				To Rig Sign + Set with Log		1-0 <sup>3</sup> 6.3 <sup>3</sup> use	

CONTRACTOR Duke #9 OWNER SAME

TYPE OF JOB LOST Circulation (LUX)

HOLE SIZE 12 1/4 T.D. 1050'

CASING SIZE 20" DEPTH

TUBING SIZE DEPTH

DRILL PIPE 4 1/2 XH DEPTH 217

TOOL DEPTH

PRES. MAX. 50 MINIMUM 10

MEAS. LINE SHOE JOINT N/A

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT 19

CEMENT	AMOUNT ORDERED	<u>200 SK-A</u>
	<u>5<sup>th</sup> BYP SEAL</u>	<u>2<sup>nd</sup> C C</u>
	<u>12<sup>th</sup> FLO SEAL</u>	
COMMON	<u>200 A</u>	@ <u>17.00</u> <u>3500.00</u>
POZMIX		@
GEL		@
CHLORIDE	<u>53K</u>	@ <u>6.40</u> <u>320.00</u>
ASC		@
	<u>Gyp SEAL 105K</u>	@ <u>37.00</u> <u>3760.00</u>
		@
		@
	<u>Stop Loss Spacer</u>	@ <u>3.50</u> <u>3500.00</u>
	<u>146 #10 Bbl</u>	@
		@
	<u>Floseth 100 LB</u>	@ <u>2.22</u> <u>297.00</u>
		@
HANDLING	<u>237</u>	@ <u>2.42</u> <u>580.34</u>
MILEAGE	<u>7.9</u>	@ <u>2.60</u> <u>205.40</u>
	<u>198</u>	TOTAL <u>9168.74</u>

PUMP TRUCK CEMENTER R. Lopez

# 530/484 HELPER Angel Tapia

BULK TRUCK DRIVER LENNY BAELN

# 562/554

BULK TRUCK DRIVER

REMARKS:

THANK YOU!

NO BONUS

CHARGE TO: MIDWESTERN Exploration

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB	<u>217'</u>	
PUMP TRUCK CHARGE		<u>1718.75</u>
EXTRA FOOTAGE	@	
MILEAGE <u>20 mi</u>	@ <u>7.25</u>	<u>154.00</u>
MANIFOLD	@	
<u>ST UEL w/ 20</u>	@ <u>4.40</u>	<u>1880.00</u>
<u>Additional hrs 4</u>	@ <u>4.40</u>	<u>1760.00</u>
		TOTAL <u>3720.75</u>

PLUG & FLOAT EQUIPMENT

<u>N/A</u>	@	
	@	
	@	
	@	
	@	

To Allied Cementing Co., Inc.  
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX	<u>811.99</u>	
TOTAL CHARGE	<u>12888.87</u>	
DISCOUNT	<u>4511.00</u>	IF PAID IN 30 DAYS
	<u>8377.87</u>	

SIGNATURE Billy Daugherty PRINTED NAME Billy Daugherty