



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: _____



1104978

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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Form	ACO1 - Well Completion
Operator	LB Exploration, Inc.
Well Name	Spriggs A 1
Doc ID	1104978

All Electric Logs Run

Dual Compensated Porosity
Dual Induction
Microresistivity
Borehole Compensated Sonic

BASIC

energy services, L.P.

TREATMENT REPORT

Customer LB Exploration		Lease No.		Date 10-14-11	
Lease Spriggs		Well # A-1			
Field Order # 5175	Station Pratt	Casing 5 7/8"	Depth 510'	County Baker	State KS
Type Job CNW OWWO			Formation	Legal Description 25-33-13	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 7/8"	Tubing Size	Shots/Ft	165	Fluid	AAJ	RATE	PRESS	ISIP
Depth 510'	Depth	From	To	Pre Pad		Max		5 Min.
Volume 28.4	Volume	From	To	Pad	60/40PT	Min		10 Min.
Max Press 300	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To	HHP Used				Annulus Pressure
Plug Depth 505'	Packer Depth	From	To	Flush	173.4	Gas Volume		Total Load

Customer Representative Michael Patterson	Station Manager Dawn Swain	Treater Steve Orlando
Service Units 07083 19887 19705	19830 19860	
Driver Names Orlando Michael	Patterson	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:30 ^{PM}					On location - Safety Meeting
					Run 121 JIS 5 7/8 Casing @ 510.74
					Centralizers 1-2-4-5-6-8-10-11-12-14
					Basket on collar ID 51 4/13
					Casing on bottom Bore Casing
					Rotary Casing
8:15 ^{PM}	350		20	5	pump 2 bbls KCL H2O
8:52	350		12	5	pump 1 bbl mud flush
8:54	300		5	5	pump 5 bbl H2O
8:55	300		45	5	mit 165 bbl AAJ @ 14.8#/gal
					Shut Down - Clear Pump & Line
10:08	X		0	6	Release plug - Start H2O w/ KCL
10:23	400		90	6	L.S.I Pressure
10:25	600		110	5	Slow Rate - Stop Rotation
10:28	800		120	4	Displacement To Baffle plug Not Done
10:30 ^{PM}	1000		126	4	Pump 2 bbl excess Release Back
					No Returns - Check Head No Plus
	3000				Pressure 7-11 Truck No Leaks
					Swage + Valve on well head
11:00			611		Plug RT/Met w 50 bbls 60/40PT
					Job Complete
					Thank, Steve

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Taylor Printing, Inc. 620-672-3658

Customer LB Exploration		Lease No.		Date 10/14/13	
Lease SRI-333		Well # A-1			
Field Order # 517	Station Pilot	Casing 9 5/8"	Depth 3100'	County Barber	State OK
Type Job CNU OWWO			Formation	Legal Description 2533-13	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
3 1/2"	2 3/8"		165	1722	Pre Pad	Max		5 Min.
Depth	Depth	From	To		Pad	Min		10 Min.
Volume	Volume	From	To	500	60/40/2	Avg		15 Min.
Max Press	Max Press	From	To		Frac	HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To		Flush	Gas Volume		Total Load
Plug Depth	Packer Depth	From	To	1734				

Customer Representative Michael Patterson		Station Manager David		Treater Steve	
Service Units	07233	1728	1716	1583	1720
Driver Names	Orlando	Michael	Paul		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:30					On location - Safety Meeting
					Run 131 3/8" 5' casing @ 5101.2'
					Centralizer 12.4 gal @ 8-10-11-12-13
					Base fluid @ 11-12-13
7:00					Change bottom pump (CNU/WK)
					Relate Case
8:00	350		20	2	pump 2 @ 500 K @ 1120
8:30	350		12	5	pump 1 @ 500 K @ 1120
9:00	300		5	5	pump 500 K @ 1120
9:30	300		4.5	5	multiflow @ 1120 @ 3"/well
					Shut down - clear pump line
10:00	0		0	6	Release plug - 3100' @ 1120 w/ 6
10:30	400		20	6	1st Pump
10:45	600		110	5	Slow Rate - Stop Rate
11:00	800		300	4	D. pump - 1st pump - plug not done
11:15	1000		126	4	pump 2 @ 500 K @ 1120
					No Return - Check 11-12-13
	3000				Pressure 1000 - 1000 - 1000
					Shut off + valve on well 11-12-13
11:00			111		Plug 11-12-13 w/ 50 gal. 60/40/2
					Job complete
					Work 11:30