



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



1105163

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 35617  
LOCATION Eureka  
FOREMAN Steve Head

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-1-12	4950	Wood/Ellys 16-11	6	245	17E	Woodson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			520	Jahn		
CITY			491	Jeremy Austin (Eldorado)		
STATE						
ZIP CODE						
Pigua Petroleum						
1331 xylan Rd						
Pigua						
KS						
66761						

JOB TYPE Surface O HOLE SIZE 11 HOLE DEPTH 35' CASING SIZE & WEIGHT 2"  
 CASING DEPTH 35 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 5  
 DISPLACEMENT 1 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 2" casing. Break circulation w/ fresh water. Mix 25 sks Class A Cement. Displace with 1661 water. Shut well in. Good cement return to surface. Job complete. Rig down.

Thank you.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	825.00	825.00
5406	40	MILEAGE	4.00	160.00
11043	25 SKS	Class A Cement	14.95	373.75
1102	70 <sup>00</sup>	CaCl <sub>2</sub> 3%	.74	51.80
5407		Ten mileage Bulk Truck	m/c	350.00
			SubTotal	1760.55
			SALES TAX 2.3%	40.96
			ESTIMATED TOTAL	1791.61

Ravin 3737

254291

AUTHORIZATION [Signature] 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, LLC

**ENTERED**

TICKET NUMBER 38215  
LOCATION Eureka  
FOREMAN Steve Mead

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-6-12	4950	Wood/Ellis 26-11	6	24S	17E	Woodson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pigua Petroleum MAILING ADDRESS 1331 Xylan Rd CITY: Pigua STATE: KS ZIP CODE: 66761			485	Alan M		
			667	Chris B		

JOB TYPE Longstring HOLE SIZE 5 3/8 HOLE DEPTH 1860' CASING SIZE & WEIGHT \_\_\_\_\_  
CASING DEPTH 1858' DRILL PIPE \_\_\_\_\_ TUBING 2 3/8 OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING \_\_\_\_\_  
DISPLACEMENT 7.28 bbls DISPLACEMENT PSI 900\* <sup>Bump</sup><sub>Mix PSI</sub> plug 1300\* RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 2 3/8 tubing. Break circulation w/ fresh water. Pump 300\* \* 5 bbls water spacer mix 140 SKs OWC cement w/ 1\* Pheno seal. Wash out pump & lines. Staff 2 plugs. Displace with 7.28 bbls fresh water. Final pumping pressure 900\* bump plugs 1300\*. Shut well in 1000\*. Good cement return to surface 7 bbl slurry top it. Job Complete Rig down

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	—	MILEAGE <u>N/C 2nd</u>	—	—
1126	140 SKS	OWC Cement	18.80	2632.00
1107A	140*	Pheno Seal 1 <sup>st</sup> per SK	1.29	180.60
1128B	300*	Gel Flush	.21	63.00
5407A	7.28 Ton	Ton Mileage BULK TRUCK	1.34	390.21
4401	2	2 3/8" Top Rubber Plugs	28.00	56.00
			SubTotal	4351.81
			SALES TAX 2.3%	24.01
			ESTIMATED TOTAL	4565.82

Form 3737

AUTHORIZATION [Signature]

TITLE Contractor

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

Woods Ellis 1611 By Road

1206-1211 1st	light odor	light free oil	10% med porous-good oil 60% vey tight pale lime 20% shale 10% chert	5%
1206-1211 2nd odor ?	very faint odor	light free oil	60% chert 20% shale 15% med porous good oil 5% very tight pale lime	8%
1206-1211 3rd	No odor	NO oil	50% chert 40% vey hard lime 10% shale	0%
1211-1214 1st	No odor	Very very little free oil	80% very tight lime 20% white chalk	0%
1211-1214 2nd od in last basket	odor	med free oil	30% good porous-good oil 30% med porous little oil 10% white chalk 30% hard tight lime	20%
1216-1222 1st	odor	little free oil	70% chert 15% med porous-med oil 15% vey hard tight lime	10%
1216-1222 2nd	light odor	med free oil	50% chert 30% med porous med oil 20% vey hard tight lime	25%
1222-1227 1st	light odor	mucky	Mucky 95% vey tight lime 5% Muck,	0%



**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 54421  
FIELD TICKET REF # \_\_\_\_\_  
LOCATION Thaxil, R4  
FOREMAN LAWREN WESS/26

**TREATMENT REPORT**  
**FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-15-12		Wood/Ellis # 16-11	6	24s	17E	WO
CUSTOMER Greg LAIR			TRUCK #		DRIVER	
MAILING ADDRESS			424		WES	
CITY			4897119		NATE	
STATE			521		ERIC	
ZIP CODE						

**WELL DATA**

CASING SIZE <u>2 3/8</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1214-1221</u>	

TRUCK #	DRIVER	TRUCK #	DRIVER
424	WES		
4897119	NATE		
521	ERIC		

**TYPE OF TREATMENT**  
spot + ABO

**CHEMICALS**

<u>ACID</u>	<u>FORMATION WATER</u>
<u>T Whit</u>	<u>Bioxide</u>
<u>STIM</u>	
<u>AR110</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
		<u>3.5</u>				BREAKDOWN 700
						START PRESSURE
						END PRESSURE
						BALL OFF PRESS <u>NONE</u>
						ROCK SALT PRESS
						ISIP <u>400</u>
						5 MIN
						10 MIN
						15 MIN
						MIN RATE
						MAX RATE
						DISPLACEMENT
						<u>298 Gal</u>
<u>Total Ballsack's</u>	<u>7</u>					
<u>Total Water</u>	<u>1900gal</u>					
<u>Total Acid</u>	<u>900gal</u>					
<u>Total Fluid</u>	<u>2000gal</u>					

**REMARKS:**

Broke well down! well broke very easily - dropped 7 Ballsack's  
Did not see any action! shut down - released - let soak -  
20 bbl Flush

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 11-15-12

Terms and Conditions are printed on reverse side.