



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
<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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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TICKET NUMBER 34995
 LOCATION Ottawa KS
 FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/3/12	7823	Hunt # 3-U	SE 24	17	21	M1
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Town Oil Co.			506	Fred Mad	Safety	Woj
MAILING ADDRESS			495	Har Dec	HD	
162 287 th St.			548	Tas Ric	JR	
CITY	STATE	ZIP CODE				
Paola	KS	66071				

JOB TYPE Log string HOLE SIZE 5 7/8 HOLE DEPTH 740' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 730' DRILL PIPE Pin in TUBING @ 725' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2' Plug
 DISPLACEMENT 4.2 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix Pump 100# Gel Flush. Mix Pump 117 sks 50/50 for mix cement 2 7/8 Gel. Cement to surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to Pin in casing. Pressure to 800# PSI. Hold & Monitor pressure for 30 min. MIT. Pressure held. Shut in casing.

Customer Supplied Water.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	20 mi	MILEAGE	495	80 ⁰⁰
5402	730'	Casing footage		N/C
5407	Minimum	Ten Miles	548	350 ⁰⁰
1124	117 sks	50/50 Por Mix Cement		1281 ¹⁵
1118A	297 #	Premium Gel		623 ³⁷
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.55%	SALES TAX
				ESTIMATED
				TOTAL
				2935 ⁰⁷

Revin 3737

AUTHORIZATION Winters Jan 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

10 21 12

Miami County, KS
Well: Hunt 3-W
Lease Owner: TOC

Town Oil Company, Inc.
(913) 294-2125

Commenced Spudding:
10/1/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
7	Soil-Clay	7
12	Lime	19
92	Shale	111
17	Lime	128
28	Shale	156
4	Lime	160
42	Shale	202
16	Lime	218
10	Shale	228
27	Lime	255
7	Shale	262
24	Lime	286
4	Shale	290
5	Lime	295
2	Shale	297
4	Lime	301
21	Shale	322
22	Sand	344
66	Shale	410
6	Sand	416
24	Shale	440
5	Lime	445
7	Sandy Lime	452
11	Sandy Shale	463
14	Lime	477
46	Sandy Shale	523
7	Lime	530
12	Shale	542
2	Lime	544
18	Shale	562
5	Lime	567
18	Shale	585
2	Lime	587
6	Shale	593
4	Lime	597
9	Shale	606
17	Sand	623
54	Sandy Shale	677
5	Sand	682
58	Sandy Shale	740-TD

