



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



1106064

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

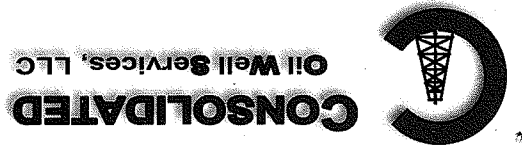
Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

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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MAIN OFFICE  
 P.O. Box 884  
 Chanute, KS 66720  
 620/431-9210 • 1-800/467-8676  
 Fax 620/431-0012

**REMIT TO**  
 Consolidated Oil Well Services, LLC  
 Dept. 970  
 P.O. Box 4346  
 Houston, TX 77210-4346



INVOICE # 255043

Invoice Date: 11/30/2012 Terms: Page 1

SHEEDY ENERGY PRODUCTION CO  
 ATTN: CHARLES SHEEDY  
 38295  
 709 EAST KANSAS  
 YATES CENTER KS 66783  
 (620) 625-3440  
 KS  
 11-30-12  
 27-255-14E

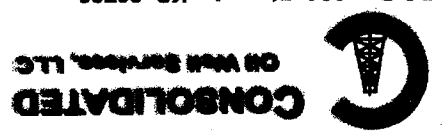
Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	170.00	19.2000	3264.00
1110A	KOL SEAL (50# BAG)	850.00	.4600	391.00
1118B	PREMIUM GEL / BENTONITE	400.00	.2100	84.00
1123	CITY WATER	6000.00	.0165	99.00
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00
Description				
	Hours	Unit Price	Total	
T-103 WATER TRANSPORT (CEMENT)	3.00	112.00	336.00	
520 CEMENT PUMP	1.00	1030.00	1030.00	
520 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.00	100.00	
667 MIN. BULK DELIVERY	1.00	350.00	350.00	

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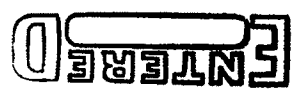
Parts:	3883.00	Freight:	.00	Tax:	283.46	AR	5982.46
Labor:	.00	Misc:	.00	Total:	5982.46		
Sublt:	.00	Supplies:	.00	Change:	.00		

BARTLESVILLE, OK 918/338-0808  
 EL DORADO, KS 316/322-7022  
 EUREKA, KS 620/583-7664  
 PONCA CITY, OK 580/762-2303  
 OAKLEY, KS 785/672-2227  
 OTTAWA, KS 785/242-4044  
 THAYER, KS 620/839-5269  
 GILLETTE, WY 307/686-4914

Signed \_\_\_\_\_ Date \_\_\_\_\_



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



**FIELD TICKET & TREATMENT REPORT**

**CEMENT** *APPJ # 15-207-28432*

TICKET NUMBER **38295**  
LOCATION *Enigma*  
FOREMAN *Rick Ledford*

DATE	11/30/12	CUSTOMER #	7390	WELL NAME & NUMBER	Charles Shedy et al # 3
CUSTOMER	Speedy Energy Production Co.		Rig 6		
MAILING ADDRESS	709 East Kansas Yates Center				
CITY	Yates Center	STATE	KS	ZIP CODE	66783
JOB TYPE	1/5	HOLE SIZE	6 3/4"	HOLE DEPTH	1614'
CASING DEPTH	1608' G.I.	DRILL PIPE		TUBING	
SLURRY WEIGHT	13.4#	SLURRY VOL	53 Gbl	WATER gal/sk	9.0
DISPLACEMENT	25.7 Gbl	DISPLACEMENT PSI	800	MAX PSI	1200
REMARKS:	<p>Safety meeting. Rig up to 4 1/2" casing. Pump 400 gal. flush, brought to surface w/ rig pump. Rig up to cement. Pump 5 Bbls fresh water ahead. Mixed 170 sbs thickest cement w/ 5# Kalsolene @ 13.4#/gal. yield 1.75. Washout pump + lines, clean plug. Displace w/ 25.7 Bbls fresh water. Final pump pressure 800 PSI. Pump plug to 1200 PSI. (clean pressure, float + plug held. Good cement returns to surface = 9 Gbl slurry to pit. Job complete. Rig down.</p>				
OTHER	CEMENT LEFT IN CASING 0'				
CASING SIZE & WEIGHT	4 1/2" 10.5#				

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	25	MILEAGE	4.00	100.00
1126A	170 sbs	thickest cement	19.20	3264.00
1110A	850#	5# Kalsolene/sk	.46	391.00
1118B	400#	gal. flush	.21	84.00
5407	9.35	700 mileage bulk tire	m/c	350.00
5501C	3 hrs	water transport	112.00	336.00
1123	1000 gals	city water	16.50/1000	99.00
4404	1	4 1/2" top rubber plug	45.00	45.00
TOTAL				6980.00
			SALES TAX	883.416
			ESTIMATED	6980.416

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.

AUTHORIZATION *Rick Ledford* TITLE *D Miller* DATE \_\_\_\_\_