



**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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	--	--

Lone Jack Oil Company

Blue Mound, KS

1-913-756-2307 1-620-363-0492

Lease: Margrave Operator: D & T Oil API # 15-011-23946-00-00

Contractor: Lone Jack Oil Company Date Started: 5/9/12 Date Completed: 5/17/12

Total Depth: 800 feet Well # I-18 Hole Size: 5 5/8

Surface Pipe: 20' 7" Surface Bit: 9 7/8 Sacks of Cement: 5

Depth of Seat Nipple: \_\_\_\_\_ Rag Packer At: \_\_\_\_\_

Length and Size of Casing: \_\_\_\_\_ Sacks of Cement: \_\_\_\_\_

Legal Description: NE NW NW NE Sec: 2 Twp: 24S Range: 21E County: Bourbon

Thickness	Depth	Type of Formation	Core Thickness	Depth	Time
1	1	Top Soil	1	651-652	2:34 Oil Shaley
7	8	Clay	2	652-653	6:14 Oil Shaley
42	50	Lime	3	653-654	7:20 Oil Shaley
4	54	Shale	4	654-655	5:21 Oil Sand
4	58	Lime	5	655-656	4:03 Oil Sand
6	64	Shale	6	656-657	5:55 Oil Sand
16	80	Lime	7	657-658	7:12 Oil Sand
3	83	Shale	8	658-659	7:52 Oil Sand
4	87	Lime	9	659-660	2:35 Black Sand
7	94	Shale	10	660-661	1:51 Black Sand
3	97	Lime	11	661-662	1:20 Black Sand
3	100	Shale	12	662-663	1:40 Black Sand
12	112	Lime	13	663-664	2:23 Black Sand
150	262	Shale	14	664-665	3:53 Black Sand
11	273	Lime	15	665-666	5:33 Shale
3	276	Shale			
1	277	Lime			
2	279	Shale			
1	280	Lime			
5	285	Shale			
3	288	Lime			
10	298	Shale			
68	366	Lime			
24	390	Shale			
6	396	Lime			
39	435	Shale			
21	456	Lime			
9	465	Shale			
7	472	Lime			
61	533	Shale			
3	536	Lime			
4	640	Shale			
1	641	Slight Odor			
1	642	Shale			
9	651	Slight Show (Oil) Shaley			
15	666	Ran Core			
	800	Shale			
	800	TD			

**Dry Hole**  
 10 sacks at 800 Ft.  
 10 sacks at 400 Ft.  
 40 sacks 200 Ft. to surface  
 60 sacks total  
 Plugged 5/17/12



# Avery Lumber

P.O. BOX 66  
MOUND CITY, KS 66056  
{913} 795-2210 FAX {913} 795-2194

Customer Copy

## INVOICE

PLEASE REFER TO INVOICE NUMBER  
ON ALL CORRESPONDENCE

Page: 1	Invoice: <b>20028337</b>
Special : Instructions : Sale rep #: <b>MAVERY MIKE</b>	Time: 15:47:20 Ship Date: 05/09/12 Invoice Date: 05/09/12 Due Date: 05/09/12
Sold To: <b>CASH CUSTOMER - TAXABLE</b>	Acct rep code: Ship To: <b>CASH CUSTOMER - TAXABLE</b> ( ) - ( ) -
Customer #: *9	Customer PO: Order By:

popimg01

CASH  
T 17

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
5.00	5.00	L	BAG	CPPC	PORTLAND CEMENT	10.4900 BAG	10.4900	52.45
<div style="font-size: 2em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">INVOICE</div> <div style="font-size: 1.5em; font-family: cursive; position: absolute; top: 40%; left: 35%; transform: rotate(-10deg); pointer-events: none;">Well # I-18</div>								

Check # 4571	56.28	FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER		<b>Sales total</b>	<b>\$52.45</b>
		SHIP VIA Customer Pickup						
		RECEIVED COMPLETE AND IN GOOD CONDITION						
Total applied:	56.28	<b>X</b>				Taxable 52.45 Non-taxable 0.00 Tax #	<b>Sales tax</b>	<b>3.83</b>

<b>TOTAL</b>	<b>\$56.28</b>
--------------	----------------

**2 - Customer Copy**