



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
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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: _____



1106731

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Well #: I-2		
Location: SW-SE-NW-SE S7 T17 S25E		
County: Miami		
FSL: 1500		
FEL: 1700		
API#: 15-121-29295-00-00		
Started: 11/19/12		
Completed: 11/20/12		
Surface: 20' of 7"	Cemented: 5 sack	Hole Size: 9 7/8"
Longstring 438' Ft. 2 7/8 8rd	Cemented: 55 sacks	Hole Size: 5 5/8"
SN: None		Packer: None
Plugged:		Bottom Plug:
TD: 441' Ft.		
Lease:	Maschler	
Owner:	Bauer Oil Investments, LLC	
OPR #:	34221	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil			
16	17	Clay & Gravel			
10	27	Lime			
9	36	Shale			
12	48	Sand (Dry)			
6	54	Shale			
1	55	Black Shale			
18	73	Shale (Limey)			
4	77	Red Bed & (Shale)			
45	114	Shale			
8	122	Lime (Broken)			
15	137	Shale			
30	167	Lime			
3	170	Black Shale			
6	176	Shale			
19	195	Lime			
2	200	Black Shale			
2	202	Lime			
5	207	Shale			
7	214	Lime			
2	216	Black Shale			
14	230	Shale (Limey)			
125	355	Shale			
1	356	Coal			
4	360	Light Shale			
3	363	Sand (Dry) (Hard)			
25	388	Shale			
1	389	Sandy Shale (Some Oil Sand Streak) (Poor Bleed)			Surface Set 11/19/2012
1	391	Oil Sand (Some Shale) (Fair Bleed) (Some Water)			Talked To Mike - 12:30 PM

5	396	Oil Sans (Good Bleed) (Some Shale)			Set Time – 1:30 PM
1	397	Oil Sand (Shaley) (Fair Bleed)			Ran Long String – 438' Ft. 2 7/8 - 8 RD. Pipe
2	399	Oil Sand (Some Shale) (Fair Bleed)			Talked To Dewayne – 1:45 PM
1	400	Sandy Shale (Some Oil Sand Streak) (Poor Bleed)			Set Time – 3:00 PM – 11/20/2012
15	415	Shale Sandy (No Show Of Oil)			TD 441'Ft.
6	421	Lime			
3	424	Shale			
4	428	Lime			
7	435	Shale			
TD	441	Lime			

* 39~~7~~ - 396 5ft



More saving.
More doing.SM

8000 W. 135TH STREET
OVERLAND PARK, KS 66223 (913)8519961

2209 00004 01851 11/19/12 05:21
CASHIER STEVEN - SRG88C

070826218408 4 LB RAGS <A>	11.9
WHITE PAINTER'S RAGS 4LB BAG	
032167001002 PB BLASTER <A>	
PB BLASTER 110Z PB CATALYST LUBE	
204.27	8.9
051643046221 RATCHET TIE <A>	13.9
2"X27" RATCHET TIE DOWN, 10,000 LBS	
0000-320-212 92LB ASHLAND <A>	
ASHGROVE 92.6LB TYPE I-II PORT CMNT	
7008.57	599.0

SUBTOTAL	634.0
SALES TAX	54.0
TOTAL	\$688.0

XXXXXXXXXXXX3683 MASTERCARD
AUTH CODE 077262/6043960



2209 04 01851 11/19/2012 1040

RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
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ENCUESTA PARA LA OPORT
UNIDAD DE GANAR.

User ID:
6200 3995

Password:
12569 3991

Entries must be entered by 12/19/12.
Entrants must be 18 or older to enter.
See complete rules on website. 1
purchase necessary.



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8000 W. 135TH STREET
OVERLAND PARK, KS 66223 (913)8519961

2209 00004 34159 09/24/12 12:01 PM
CASHIER ANGELA - AH57HZ

811187010399 HUSKY KNIFE <A>	4.88
HUSKY 7-1/2" FOLDING KNIFE W/5 BLDE	
051643046221 RATCHET TIE <A>	
2"X27" RATCHET TIE DOWN, 10,000 LBS	
2013.96	27.92
320212 92LB ASHLAND <A>	
ASHGROVE 92.6LB TYPE I-II PORT CMNT	
7008.57	599.90

SUBTOTAL	632.70
SALES TAX	54.73
TOTAL	\$687.43

XXXXXXXXXX1000 AMEX
AUTH CODE 507930/2045395



2209 04 34159 09/24/2012 3421

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User ID:
70816 68611

Password:
12474 68607

Entries must be entered by 10/24/2012.
Entrants must be 18 or older to enter.
See complete rules on website. No
purchase necessary.



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More doing.SM

8000 W. 135TH STREET
OVERLAND PARK, KS 66223 (913)8519961

209 00041 58200 09/26/12 11:06 AM
CASHIER PHYLLIS - PCT71Y

ASHTER PHYLLIS - PCT71Y
ASHTER PHYLLIS - PCT71Y
ORDER ID: 2209-183388
RECALL AMOUNT
*ASHTER PHYLLIS 92-616 Type I-II
Portland Cement*

SUBTOTAL	599.90
SALES TAX	51.89
TOTAL	\$651.79

XXXXXXXXXXXX3683 MASTERCARD
UTH CODE 087212/0410271



2209 41 58200 09/26/2012 4456

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UNIDAD DE GANAR.

User ID:
118898 116730

Password:
12476 116689

Entries must be entered by 10/26/2012.
Entrants must be 18 or older to enter.
See complete rules on website. No
purchase necessary.