



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
_____ 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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802 N. Industrial Rd.
 P.O. Box 664
 Iola, Kansas 66749
 Phone: (620) 365-5588

Payless Concrete Products, Inc.



CONDITIONS
 Concrete to be delivered to the nearest accessible point over passable road. Concrete to be delivered at owner's or intermediary's direction, under truck's own power. Due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damage to, shrapnel, etc., which are at customer's risk. The maximum allowed time for unloading trucks is 5 minutes per truck. Charge will be provided for holding trucks longer. This concrete company's responsibility for water content when water is added at customer's request. **NOTICE TO OWNER**
 Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

YD# 0127
 DARRYN YOUNG
 789 S. 250TH RD/169 S TO TANK
 FROM E TO 1600 ST S 4 MI
 TO 250TH RD 1/2 MI W 4TH HOUSE
 HUMBOLDT, KS 66740 N 50

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% CR	DRIVER/TRUCK	PLANT/TRANSACTION #
11:50:59a	WELL	10.00 yd	10.00 yd	0.00	2R	ALFCD
					36	
					WATER TRIM	TICKET NUMBER
					SLUMP	
					6/yd	4.00 in
						33222

WARNING
 IRRITATING TO THE SKIN AND EYES
 Contains Portland Cement, Wear Rubber Boots and Gloves. PHOTOGRAPHIC CONTACT MAY CAUSE BURNS, Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact, Flush with Water. If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE IS A PERISHABLE COMMODITY AND BECOMES THE PROPERTY OF THE PURCHASER UPON DELIVERY TO THE PLANT. ANY CHANGES OR CANCELLATION OF ORIGINAL INSTRUCTIONS MUST BE TELEPHONED TO OUR OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including reasonable attorney's fees, incurred in collecting any sums owed. All accounts not paid within 30 days of delivery will bear interest at the rate of 2% per annum. Material is delivered Not Responsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time of Delivery. A 3% Service Charge and Loss of the Cash Discount will be collected on all Returned Checks. Excess Delay Time Charged @ \$50/Hr.

PROPERTY DAMAGE RELEASE
 (TO BE SIGNED IF DELIVERED TO BEYOND INSIDE CURB LINE)
 Dear Customer: The driver of this truck in possessing this RELEASE to you for your signature is of the opinion that the size and weight of this truck may possibly cause damage to the premises and/or adjacent property if it passes the entry way that we can bill in order to do this our wish to help stating that you sign this RELEASE relieving him and the driver from any responsibility from any damage that may result to the premises and/or adjacent property, buildings, etc. that you also agree to help him remove mud from the truck as additional consideration that he will not file the public, state, and hold harmless the driver from the undersigned agrees to pay for any and all damage to the premises of this truck and the sign which may be claimed by anyone to have and/or adjacent property of this order.
 SIGNED

WEIGHMASTER
 NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.
 LOAD RECEIVED BY: *[Signature]*
 GAL X

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
10.00	WELL	WELL (10 SACKS PER UNIT)	51.00	510.00
10.00	MIXHAUL	MIXING & HAULING	25.00	250.00
2.00	TRUCKING	TRUCKING CHARGE	50.00	100.00

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED
		11:11	1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER	
	ARRIVED JOB	START UNLOADING	6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER	
	LEFT PLANT			DELAY TIME

TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME	ADDITIONAL CHARGE 1	ADDITIONAL CHARGE 2	GRAND TOTAL
	12.52	12.54			

Subtotal \$ 860.00
 Tax \$ 54.18
 Total \$ 914.18
 Order \$ 914.18