



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: \_\_\_\_\_



1107872

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> ) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	PetroSantander (USA) Inc.
Well Name	Scott 5-13
Doc ID	1107872

Tops

Name	Top	Datum
Heebner Shale	3903	-814
Lansing	4002	-913
Marmaton	4479	-1390
Pawnee	4580	-1491
Cherokee Shale	4616	-1527
Morrow Shale	4820	-1731
Morrow Sand	4874	-1785
St. Genevieve	4910	-1821
LTD	5006	-1917



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 39269

LOCATION Oakley, KS

FOREMAN Miles Shaw

Fuzzy  
KS

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

**FIELD TICKET & TREATMENT REPORT**  
Scott 5-13 **CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
12-28-12	6335	<del>XXXXXXXXXX</del>	13	21	35	Keosauqua			
CUSTOMER <u>Pedrosantander USA</u>		TRUCK #		DRIVER		TRUCK #		DRIVER	
MAILING ADDRESS		463		Cory D					
CITY		528		Jerry Y				✓	
STATE									
ZIP CODE									

JOB TYPE Surface HOLE SIZE 17 1/4 HOLE DEPTH 521' CASING SIZE & WEIGHT 8 5/8 24#  
 CASING DEPTH 521 5/8 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 12.5-14.7 SLURRY VOL 1.9-1.36 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 20'  
 DISPLACEMENT 31.2 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on Duke #6. Rig up and circulate. Mix 150SKS 65/35 690cc 390cc 114# Flo-sal Tail with 200SKS Class 'A' 390cc 250cc Wash pump and lines. Drop plug and displace 31 BSH water and shut in. Cement did circulate approx 9 BBL to pit.

Thanks Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085 <sup>00</sup>	1085 <sup>00</sup>
5406	50 miles	MILEAGE	5 <sup>00</sup>	250 <sup>00</sup>
5407A	15.9 tow	Tow mileage Delivery	167	1327 <sup>62</sup>
11045	200 SKS	Class 'A' cement	1765	3530 <sup>00</sup>
1131	150 SKS	60/40 pos	1510	2265 <sup>00</sup>
1118B	1150 #	Bentolite	.25	287 <sup>50</sup>
1102	951 #	Calcium chloride	.89	846 <sup>39</sup>
1107	38 #	Flo-sal	282	10716
4205	1	8 5/8 Texas Pat G. Shoe	284 <sup>00</sup>	284 <sup>00</sup>
		subtotal		9982 <sup>92</sup>
		less 1090		998 <sup>29</sup>
				8984 <sup>66</sup>
		SALES TAX		
		ESTIMATED TOTAL		

AUTHORIZATION Carl [Signature] TITLE \_\_\_\_\_ DATE 12/28/12

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.



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 39244  
LOCATION Oakley, KS  
FOREMAN Kelly Gabel  
Walt Dinkel

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-2-13	6335	Scott 5-13	13	21	35	Hearney
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Petio Santander			399	Damon M		
MAILING ADDRESS			5160	Phil K		
CITY			530	Jeremy		
STATE	ZIP CODE	Scott Finney Co. line W to Byrd Rd 25 2w Sinto				

JOB TYPE 2-Stage HOLE SIZE 7 7/8 HOLE DEPTH 5020' CASING SIZE & WEIGHT 5 1/2 15.5#  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING PC TOP #70 OTHER DV @ 2012'  
 SLURRY WEIGHT 142-125 SLURRY VOL 1.42-1.89 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 20.5 (shoe)  
 DISPLACEMENT 119 bbl DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: safety meeting, ran float equip. on JT #5 centralizers, 1, 3, 5, 7, 11, 13, 15 baskts - 69, 72 PC TOP #70, ran boots & circulated for 30 min. finished running pipe to bottom 120STS total, circulated for 1 hr. Pumped 5 bbl water, mud flush, 5 bbl water, mixed 225 SKS OWC 5# Kol-seal, released plug & displaced with 70 bbl water 47 1/2 bbl mud with 900# list & Plug landed @ 1500#, dropped DV bomb, opened tool & circulated for 2 hrs, mixed 30 SKS RH 20 MH, mixed 450 SKS 60/40 Poz 89 gal 1/4# Flo-seal down center, released Plug & displaced with 47 1/2 bbl water with 700# list & Plug landed @ 1500# Washout dump lines digged down Approx 200 ft to pit

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3020.00	3020.00
5406	50 mi	MILEAGE	5.00	250.00
1126	225 SKS	OWC	22.55	5073.75
1110A	1125#	Kol-seal	0.56	630.00
1131	500 SKS	60/40 Poz	15.10	7550.00
1118B	3440#	Bentonite	0.25	860.00
1107	125#	Flo-seal	2.82	352.50
5407A	32.10	Ton mileage delivery	1.67	2680.50
41130	10	5 1/2 centralizers (w)	58.00	580.00
41159	1	5 1/2 BAFU Guide shoe (w)	4113.00	4113.00
41104	12	5 1/2 basket (w)	276.00	520.00
41283	1	5 1/2 DV Tool / w latch down (w)	3850.00	3850.00
1111	1200#	salt		NC
1144G	500 gal	Mud flush	1.00	500.00
				26,311.25
	AS PER Bid		Lead 1070 disc	2631.18
				23,680.07
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737  
3:30 AM 1-3-13  
AUTHORIZATION Gabel TITLE \_\_\_\_\_ DATE 1-3-13

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.