



**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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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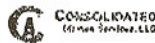
Form	ACO1 - Well Completion
Operator	Long and Ware Oil, a General Partnership
Well Name	Burris L&W #2
Doc ID	1109323

All Electric Logs Run

Gamma Ray
Neutron
Cement Bond
Completion

2/17/2012

#247911



500000129

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Long & Ward	State, County	Montgomery, Kansas	Cement Type	CLASS A
Job Type	Long String	Section		Excess (%)	30
Customer Acct #	7824	TWP		Density	14.1
Well No.	Burris #2	RGE		Water Required	8.5
Mailing Address		Hole Size	6 3/4	Yield	1.58
City & State		Hole Depth	768		
Zip Code		Casing Size	4 1/2	Displacement	12.1
Contact		Casing Depth	761	Displacement PSI	
Email				MIX PSI	200
Cell				Rate	4.5 bpm
Dispatch Location	BARTLESVILLE				
Code	<b>Cement Pump Charges and Mileage</b>	<b>Quantity</b>	<b>Unit</b>	<b>Price per Unit</b>	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,030.00	\$ 1,030.00
6406	EQUIPMENT MILEAGE (ONE-WAY)	30	PER MILE	\$4.00	\$ 120.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$350.00	\$ 350.00
0			0	\$0.00	\$
0			0	\$0.00	\$
0			0	\$0.00	\$
0			0	\$0.00	\$
0			0	\$0.00	\$
5402	FOOTAGE	761	PER FOOT	\$0.22	\$ 167.42
<b>EQUIPMENT TOTAL</b>					<b>\$ 1,667.42</b>
<b>Cement, Chemicals and Water</b>					
1126A	THICK SET CEMENT (8LB OWC 4% GEL 2% CAL. CHLORIDE)	90	0	\$19.20	\$ 1,728.00
1107A	PIENOSEAL	40	0	\$1.29	\$ 51.60
1110A	KOL SEAL (50 # SK)	550	0	\$0.46	\$ 253.00
1111	GRANULATED SALT (50#) SELL BY #	400	0	\$0.37	\$ 148.00
1118B	PREMIUM GEL/BENTONITE (50#)	150	0	\$0.21	\$ 31.50
1123	CITY WATER (PER 1000 GAL)	4	0	\$16.54	\$ 66.16
0			0	\$0.00	\$
0			0	\$0.00	\$
0			0	\$0.00	\$
0			0	\$0.00	\$
0			0	\$0.00	\$
<b>CHEMICAL TOTAL</b>					<b>\$ 2,281.67</b>
<b>Water Transport</b>					
5501C	WATER TRANSPORT (CEMENT)	3		\$112.00	\$ 336.00
0			0	\$0.00	\$
0			0	\$0.00	\$
<b>TRANSPORT-TOTAL</b>					<b>\$ 336.00</b>
<b>Cement Floating Equipment (TAXABLE)</b>					
<b>Cement Basket</b>					
0			0	\$0.00	\$
<b>Centrifizer</b>					
0			0	\$0.00	\$
0			0	\$0.00	\$
<b>Float Shoe</b>					
0			0	\$0.00	\$
<b>Float Collars</b>					
0			0	\$0.00	\$
<b>Guide Shoes</b>					
0			0	\$0.00	\$
<b>Baffle and Flapper Plates</b>					
0			0	\$0.00	\$
<b>Packer Shoes</b>					
0			0	\$0.00	\$
<b>DV Tools</b>					
0			0	\$0.00	\$
<b>Ball Valves, Swedges, Clamps, Misc.</b>					
0			0	\$0.00	\$
0			0	\$0.00	\$
0			0	\$0.00	\$
<b>Plugs and Ball Sealers</b>					
4404	4" 1/2" RUBBER PLUG	1	PER UNIT	\$45.00	\$ 45.00
<b>Downhole Tools</b>					
0			0	\$0.00	\$
<b>CEMENT FLOATING EQUIPMENT TOTAL</b>					<b>\$ 45.00</b>
<b>SUB TOTAL</b>					<b>\$ 4,329.99</b>
<b>(-DISCOUNT) 10%</b>					<b>\$ 433.00</b>
<b>SALES TAX</b>					<b>\$ 131.99</b>
<b>DISCOUNTED TOTAL</b>					<b>\$ 4,028.99</b>
TRUCK#	DRIVER NAME				
577	Kirk Sanders				
398	John Wade				
518	Bryan Scullaw				
403 T111	Rob Darnall				

AUTHORIZATION \_\_\_\_\_  
DATE \_\_\_\_\_

TITLE \_\_\_\_\_  
FOREMAN *Kirk Sanders*

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