



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: _____



1109965

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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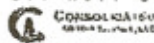
DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Henderson, Chris
Well Name	Rising 'A' 1 SWD
Doc ID	1109965

All Electric Logs Run

Gamma Ray
Neutron
Cement Bond
Completion

40962



CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Chris Henderson	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	Long String	Section	1	Excess (%)	30
Customer Acct #	3493	TWP	34S	Density	13.0
Well No.	Rising A #1 SWD	RCE	12E	Water Required	
Mailing Address		Formation		Yield	1.75
City & State		Hole Size	6 3/4	Slurry Weight	
Zip Code		Hole Depth	1834	Slurry Volume	
Contact		Casing Size	4 1/2	Displacement	28.9
Email		Casing Depth	1820	Displacement PSI	600
Cell		Drill Pipe		MIX PSI	200
Dispatch Location	BARTLESVILLE	Tubing		Rate	4.5

Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP* (2 HOUR MAX)	1	2 HRS MAX	\$1,030.00	\$ 1,030.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	35	PER MILE	\$4.00	\$ 140.00
5407	MIN. DIALK DELIVERY (WITHIN 50 MILES)	1	PCR 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	1,820	PER-FOOT	0.22	\$ 400.40
				EQUIPMENT TOTAL	\$ 1,920.40

Cement, Chemicals and Water					
1126A	THICK SET CEMENT (8LB OWC 4% GEL 2% CAL. CHLORIDE)	150	0	\$19.20	\$ 3,648.00
1107A	PHENOSEAL	80	0	\$1.29	\$ 103.20
1110A	KOL SEAL (50 # SK)	1,000	0	\$0.46	\$ 460.00
1118B	PREMIUM GEL/BENTONITE (50#)	150	0	\$0.21	\$ 31.50
1123	CITY WATER (PCR 1000 GAL)	4	0	\$16.50	\$ 66.00
0		0	0	\$0.00	\$
0		0	0	\$0.00	\$
0		0	0	\$0.00	\$
0		0	0	\$0.00	\$
0		0	0	\$0.00	\$
0		0	0	\$0.00	\$
				CHEMICAL TOTAL	\$ 4,312.00

Water Transport					
5501C	WATER TRANSPORT (CEMENT)	4		\$112.00	\$ 448.00
0		0	0	\$0.00	\$
0		0	0	\$0.00	\$
				TRANSPORT TOTAL	\$ 448.00

Cement Floating Equipment (TAXABLE)					
0	Cement Basket		0	\$0.00	\$
0	Centralizer		0	\$0.00	\$
0			0	\$0.00	\$
0	Float Shoe		0	\$0.00	\$
0	Float Collars		0	\$0.00	\$
0	Guide Shoes		0	\$0.00	\$
0	Baffle and Flapper Plates		0	\$0.00	\$
0	Packer Shoes		0	\$0.00	\$
0	DV-Tools		0	\$0.00	\$
0	Ball Valves, Swedges, Clamps, Misc		0	\$0.00	\$
0			0	\$0.00	\$
0			0	\$0.00	\$
4404	4 1/2" RUBBER PLUG	1	PER UNIT	\$45.00	\$ 45.00
0	Downhole Tools		0	\$0.00	\$
				CEMENT FLOATING EQUIPMENT TOTAL	\$ 45.00

TRUCKS		DRIVER NAME			
577		Kirk Sanders		0.30%	SUB TOTAL \$ 6,726.30
398		John Warrle			SALES TAX \$ 725.46
518		Byron Ruitland			TOTAL \$ 7,087.03
135 TR		Brian Lutz		10% (-DISCOUNT)	\$ 708.70
		Nancy			DISCOUNTED TOTAL \$ 6,378.23

AUTHORIZATION DATE

[Signature]

TITLE

FOREMAN *[Signature]*

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, ARE THE PAYMENT TERMS AND CONDITIONS OF THIS FORM AND IN EFFECT FOR SERVICES IDENTIFIED ON THIS FORM.

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