



**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: \_\_\_\_\_



1110976

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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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# RIG 6 DRILLING CO. INC

P O BOX # 227  
IOLA, KS 66749

R.K. (Bud) Sifers  
(620) 365-6294

John J. Barker  
(620) 365-7806

COMPANY: James Production Co  
ADDRESS: 1334 Grouse Rd.  
Yates Center, KS66783

LEASE: Vernon Fee  
COUNTY: Woodson  
LOCATION 165FNL/2075'FEL  
6/24/15e

COMMENCED: ##### 12/2/2012  
COMPLETED: 12/5/2012  
WELL #: 2  
API#: 15-207-28,438  
STATUS: Oil Well  
TOTAL DEPTH: 1640'-6 3/4"  
CASING: 40'-8 5/8" cmt w/15 sx *per hand*  
**1630'-4 1/2" Consol Cmt.**

## DRILLER'S LOG

		1110 Co
		1160 Sh
2	soil & clay	
10	Sh (Shale)	1165 Sa show
16	Ls w/ sh brks	1245 Sh
20	Sh w/ ls strks	1331 Sa sh
51	Ls	1396 Sh
76	Sh w/ls strks	1420 Sa sh
81	Ls	1512 Sh
351	Sh w/ ls strks	1522 Sh w/ sa sh
367	Ls	1545 Ls
382	Sa	1550 Sa ls show
560	Ls w/ sh brks	1633 Ls sa wh no odor
585	Sh	1640 Ls chert. T.D.
596	Ls	
610	Sa	
819	Ls w/ sa ls	
825	Sh	
840	Sh w/ ls strks	
848	Sh w/ sa sh	
852	Ls	
970	Sh w/ sa sh	
975	Ls	
995	Sh	
1003	Ls	
1010	Sh dark	
1074	Sh	
1079	Ls brn	
1101	Sh	
1104	SA Ls	



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P O BOX # 227  
IOLA, KS 66749

R.K. (Bud) Sifers  
(620) 365-6294

John J. Barker  
(620) 365-7806

INVOICE #: 30575  
COMPANY: James Production  
ADDRESS: 1334 Grouse Rd  
Yates Center, KS 66783

DATE: 12/78/12  
LEASE: Vernon Fee  
COUN: Woodson  
WELL: 2  
API #: 15-207-28,438

ORDERED BY: Jim

SERVICE	RATE	UNITS	
Location Pit Charge		1	N/A
Set Surface Csg.	\$250.00 Per Hr	12	N/C
Cement Surface/W.O.C.	\$250.00 Per Hr	8	N/C
Drilling Charge	\$11.00 Per Ft	1640	\$18,040.00
Circulating	\$250.00 Per Hr	4	N/C
Drill Stem Test	\$250.00 Per Hr		N/C
Logging	\$250.00 Per Hr		N/C
Core Samples	%500.00 Per Run		N/A
Water Hauling	\$40.00 Per Hr		N/C
Bit Charge (Lime W/O)	Cost + 10%	#####	
Drill Stem Lost	\$28.00 Per Ft		N/C
Trucking	\$40. per hr + \$1./ mi		N/C
Roustabout	\$23.00 Per Man Hr		N/C
Running Casing	\$250.00 Per Hr	2	\$250.00
Rigging Up	\$250.00 Per Hr	1	N/C
Rigging Down	\$250.00 Per Hr	1	N/C
Other Plugging	\$250.00 Per Hr	0	\$0.00
Fuel Assess.			
Move Rig			
Material Provided:			
Cement	\$8.00 Per Sx		\$120.00
Sample Bags	\$28.00 Per Box		\$0.00

TOTAL AMOUNT \$18,450.00

REMIT TO: RIG 6 DRILLING, INC  
PO BOX 227  
IOLA, KS 66749

THANK YOU !!! WE APPRECIATE YOUR BUSINESS !!!





**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 255244

=====  
Invoice Date: 12/11/2012      Terms: 0/0/30,n/30      Page 1

JAMES PRODUCTION CO., INC.  
1334 GROUSE ROAD  
YATES CENTER KS 66783  
(620) 625-3536

VERNON FEE #2  
38349  
6-24S-15E  
12-05-12  
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	125.00	12.5500	1568.75
1118B	PREMIUM GEL / BENTONITE	900.00	.2100	189.00
1107A	PHENOSEAL (M) 40# BAG)	125.00	1.2900	161.25
1126A	THICK SET CEMENT	65.00	19.2000	1248.00
1110A	KOL SEAL (50# BAG)	325.00	.4600	149.50
1123	CITY WATER	5000.00	.0165	82.50
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	1030.00	1030.00
445 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
491 MIN. BULK DELIVERY	1.00	350.00	350.00
515 MIN. BULK DELIVERY	1.00	350.00	350.00
McCOY 80 BBL VACUUM TRUCK (CEMENT)	3.50	90.00	315.00
637 80 BBL VACUUM TRUCK (CEMENT)	3.50	90.00	315.00

=====  
Parts: 3444.00      Freight: .00      Tax: 251.41      AR 6235.41  
Labor: .00      Misc: .00      Total: 6235.41  
Sublt: .00      Supplies: .00      Change: .00  
=====

Signed \_\_\_\_\_ Date \_\_\_\_\_





**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 38349  
LOCATION Eureka KS  
FOREMAN Shannon Feck

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** API # 15-207-28438 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
12-5-12	4291	Vernon Fee #2	6	24S	15E	Woodson	
CUSTOMER James Production Inc			Rig 6 Drig	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1334 Grouse Rd				445	Dave G	83 Art S.	(McCoy Trucking)
CITY Yates Center				515	Joey K		
STATE KS				491	Jeremy M.	(Eldorado Trk)	
ZIP CODE 66783			637	Chris B			

JOB TYPE L/S HOLE SIZE 6 3/4" HOLE DEPTH 1640' CASING SIZE & WEIGHT 4 1/2" @ #7  
 CASING DEPTH 1630 6.4. DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.2-136 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0  
 DISPLACEMENT 27 Bbl DISPLACEMENT PSI 700 MIX PSI 1100 RATE 5 BPM

REMARKS: Rig up to 4 1/2" casing, Break circulation w/ 5 Bbl water, mixed 125 SKS 60/40 Pozmix cement with 8% gel + 1# phenoseal/sk @ 13.2-13.4 as our lead cement, Tailed in with 65 SKS Thickset Cement with 1# phenoseal/sk @ 13.6, Shut down wash out pump & lines, Displace with 27 Bbl water. Final pumping pressure of 700 psi, bumped plug @ 1100 psi. Float & plug held good, Circulation was Excellent. 12 Bbl Slurry to pit.

"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	45	MILEAGE	4.00	180.00
1131	125 SKS	60/40 Pozmix Cement } Lead	12.55	1568.75
1118 B	900 #	Gel @ 8% } Cement	.21	189.00
1107 A	125 #	Phenoseal @ 1#/SK	1.29	161.25
1126 A	65 SKS	Thick Set Cement	19.20	1248.00
1110 A	325 #	Kol-seal @ 5#/SK	.46	149.50
5407	8.95 Tons	Ton mileage bulk Truck x 2	m/c x 2	700.00
5502 C	3.5 Hrs	80 Bbl Val Truck #637 consolidated	90.00	315.00
5502 C	3.5 Hrs	80 Bbl Val Truck #83 McCoy Trucking	90.00	315.00
1123	5000 gals	City water	16.50/1000/gal	82.50
4404	1	4 1/2" Top Rubber Plug	45.00	45.00
			Sub Total	5984.00
			7.3% SALES TAX	251.41
			ESTIMATED TOTAL	6235.41

Ravin 3737 255244 AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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.