



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: _____



1116881

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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Quality Well Service, Inc.

324 Simpson St.
Pratt, KS 67124

Invoice

Date	Invoice #
8/5/2012	C-567

Bill To
Continental Operating P.O. Box 52 Hays, KS 67601

P.O. No.	Terms	Lease Name
		Stull #5

Description	Qty	Rate	Amount
Common	135	13.50	1,822.50T
Poz	90	8.50	765.00T
Gel	8	20.50	164.00T
Friction Reducer	2	8.50	17.00T
Cement Defoamer	1	6.50	6.50T
Liner	1	900.00	900.00T
Handling	233	2.10	489.30
.08 * sacks * miles	9,000	0.08	720.00
LMV	40	2.00	80.00
Pump Truck Mileage	40	8.00	320.00
Discount	367.5	-1.00	-367.50T
Discount	160.93	-1.00	-160.93
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Stull #5			
Rooks Co.			
Thank You for your business!			
Subtotal			\$4,755.87
Sales Tax (6.3%)			\$208.37
Total			\$4,964.24

QUALITY WELL SERVICE, INC.

5616

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date 8-3-12	Sec. 17	Twp. 9	Range 19	County Rooks	State Ks	On Location	Finish 10:00 AM
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Lease Stall	Well No. 5	Location Stall
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Contractor Quality Well Service, Inc.	Owner
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Type Job Liner	To Quality Well Service, Inc.
Hole Size	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Csg. 4 1/2	Depth 3579	Charge To Centralizer
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Tbg. Size	Depth	Street
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Tool	Depth	City	State
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Cement Left in Csg.	Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.
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Meas Line	Displace 56.90	Cement Amount Ordered 225 ex 60/40 40% gel
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EQUIPMENT			
Pumptrk No.			39408170 Friction redwacer
Bulktrk No.			Common 135
Bulktrk No.			Poz. Mix 90
Pickup No.			Gel. 8
			Calcium

JOB SERVICES & REMARKS		
Rat Hole		Hulls
Mouse Hole		Salt
Centralizers		Flowseal
Baskets		Kol-Seal
D/V or Port Collar		Mud CLR 48
		CFL-117 or CD110 CAF 38

Ran 4 1/2 liner inside 5 1/2 down to 3579
Est Circulation and mixed 225 ex
Shut down and washed pump and
lines clean - hooked up and disp
56.90 with 1100 psi lifting pressure
plug landed @ 1800 psi and float
held.

FLOAT EQUIPMENT		
		Sand
		Handling 233
		Mileage 40
		Guide Shoe
		Centralizer
		Baskets
		AFU Inserts
		Float Shoe
		Latch Down
		2 bags Friction 1 bag de Somer

Thank You

Pumptrk Charge Liner
Mileage 40

	Tax
	Discount
	Total Charge

X Signature *[Signature]*