



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



1119400

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Helberg, Jerry M. dba Helberg Oil Company
Well Name	ZERR 02-12
Doc ID	1119400

Tops

Name	Top	Datum
Anhydrite	2316	+440
Base Anhydrite	2352	+404
Topeka	3619	-863
Heebner	3839	-1083
Toronto	3860	-1104
Lansing	3878	-1122
Base KC	4131	-1375
TD	4143	-1387

Schippers Oilfield Services LLC

# Invoice

RR # Box 90D  
 Home, KS 67740

Date 7/17/2012

Phone # 785-675-8974      sosllc@ruraltel.net  
 F.N.# 785-675-9938

Invoice # 590

Bill To
Helberg Oil Company PO Box 32 Morland, Ks 67650

Ship To

**P.O. #**      Zerr 02-12  
**Terms**      Net 30

**Ship Date**      7/25/2012  
**Due Date**      8/16/2012  
**Other**

Item	Description	Qty	Price	Amount
Cement	Common	123	15.50	1,906.50T
Pozmix		82	8.50	697.00T
Gel		7	26.00	182.00T
Flo Seal		51.25	2.25	115.31T
Handling of mater...	per sack	205	2.15	440.75
Mileage and labor		18	20.50	369.00
Pump truck charge	Tri- plex pump charge		1,350.00	1,350.00
Pump truck mileage	To and From Location	36	6.50	234.00
Light vehicle mile...	To and From Location	36	2.00	72.00
85/8 plug		1	79.00	79.00T

*RR 7-26-12*

TAKE 10% DISCOUNT IF PAID WITHIN 20 DAYS. DEDUCT FROM TOTAL.

**Subtotal**      \$5,445.56  
**Sales Tax (8.3%)**      \$247.32  
**Total**      \$5,692.88  
**Payments/Credits**      \$0.00  
**Balance Due**      \$5,692.88

Schippers Oilfield Services LLC

*569.29*  
*\$ 5123.59*

REMIT TO  
RR 1 BOX 90 D  
HOXIE KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

590

DATE <i>7/17/12</i> SEC. <i>32</i>	RANGE/TWP. <i>10-28</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Zerr 02-12</i>			WELL #		
				COUNTY <i>SD</i>	STATE <i>Ks</i>

CONTRACTOR <i>M+T Drilling</i>	OWNER <i>Helberg Oil</i>				
TYPE OF JOB					
HOLE SIZE <i>7 7/8</i>	T.D. <i>4143</i>	CEMENT			
CASING SIZE	DEPTH	AMOUNT ORDERED	<i>205</i>		
TUBING SIZE	DEPTH				
DRILL PIPE <i>4 1/2</i>	DEPTH				
TOOL	DEPTH				
PRES. MAX	MINIMUM	COMMON	<i>123</i>	@ <i>154</i>	<i>190</i>
DISPLACEMENT	SHOE JOINT	POZMIX	<i>82</i>	@ <i>82</i>	<i>197</i>
CEMENT LEFT IN CSG.		GEL	<i>7</i>	@ <i>26</i>	<i>182</i>
PERFS		CHLORIDE		@	
		ASC		@	
EQUIPMENT				@	
		<i>60/40 4%</i>		@	
PUMP TRUCK				@	
#				@	
BULK TRUCK				@	
#		<i>FLO seal</i>	<i>512</i>	@ <i>22</i>	<i>11521</i>
BULK TRUCK				@	
#				@	
				@	
		HANDLNG	<i>205</i>	@ <i>22</i>	<i>4402</i>
		MILEAGE	<i>18</i>	@ <i>20</i>	<i>360</i>
<i>4 Collars left in Hole</i>				TOTAL	

REMARKS	SERVICE <i>Rotary Plug</i>		
<i>1st 2330 25 SK</i>	DEPT OF JOB	@	
<i>2nd 1407 100 SK</i>	PUMP TRUCK CHARGE	@	<i>1350</i>
<i>3d 276 40 SK</i>	EXTRA FOOTAGE	@	
<i>4th 40 12 SK</i>	MILEAGE <i>18 x 2</i>	@ <i>650</i>	<i>234</i>
<i>Rat Hole 30 SK</i>	MANIFOLD	@	
	<i>18 x 2</i>	@ <i>22</i>	<i>22</i>
		TOTAL	

CHARGE TO: <i>Helberg Oil</i>	
STREET	STATE
CITY <i>M... ..</i>	ZIP

PLUG & FLOAT EQUIPMENT	
<i>8 5/8 Plug</i>	@ <i>79</i>

To: Schippers Oil Field Service LLC

You are hereby requested to rent cementing equipment and furnish staff to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT	
8 5/8 Plug	@ 79 <sup>00</sup>
	@
	@
	@
	@
	TOTAL
TAX	
TOTAL CHARGE	
DISCOUNT (IF PAID IN 20 DAYS)	

SIGNATURE



PRINTED NAME