



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



1119552

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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**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Phillips Exploration Co

**7-17S-16W Rush**

1601 Sagebrush  
Wichita, KS 67230

**Thielenhaus 1-7**

ATTN: Larry Friend

Job Ticket: 47608

**DST#: 4**

Test Start: 2012.06.25 @ 16:36:32

## GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 19:26:02

Time Test Ended: 01:00:32

Test Type: Conventional Bottom Hole (Reset)

Tester: Leal Cason

Unit No: 45

**Interval: 3560.00 ft (KB) To 3657.00 ft (KB) (TVD)**

Reference Elevations: 2072.00 ft (KB)

Total Depth: 3657.00 ft (KB) (TVD)

2067.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 5.00 ft

**Serial #: 6798**

**Inside**

Press @ Run Depth: 549.71 psig @ 3561.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.06.25

End Date:

2012.06.26

Last Calib.:

2012.06.26

Start Time: 16:36:33

End Time:

01:00:32

Time On Btm:

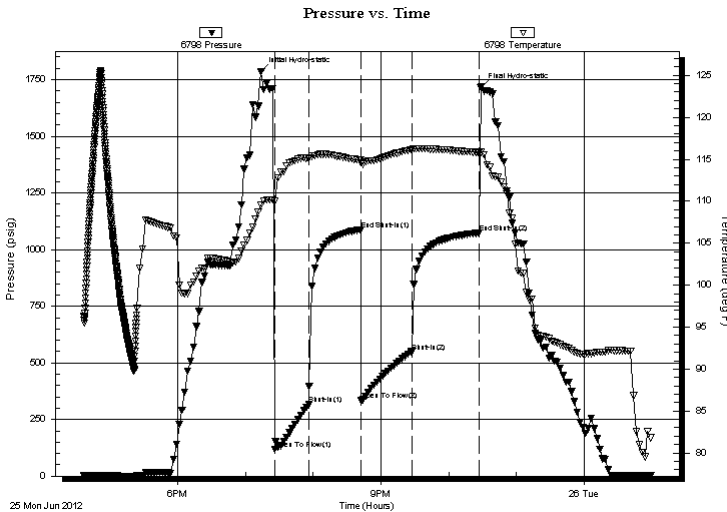
2012.06.25 @ 19:13:47

Time Off Btm:

2012.06.25 @ 22:28:17

**TEST COMMENT:** IF: Strong Blow, BOB in 3 minutes  
 IS: Blow Back Built To 6 1/2 inches  
 FF: Strong Blow, BOB in 3 minutes  
 FS: BOB Blow Back in 10 minutes, GTS in 27 minutes

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1786.58	109.56	Initial Hydro-static
13	119.07	109.98	Open To Flow (1)
43	316.05	115.10	Shut-In(1)
88	1087.04	114.90	End Shut-In(1)
89	333.59	114.60	Open To Flow (2)
134	549.71	116.12	Shut-In(2)
194	1073.70	115.78	End Shut-In(2)
195	1715.49	115.84	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
0.00	2333 GIP	0.00
558.00	Water	7.83
274.00	OMCW 2%O 30%M 68%W	3.84
248.00	OWCM 2%O 46%W 52%M	3.48
140.00	SOSGCM -1%O 1%G 98%M	1.96

## Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

\* Recovery from multiple tests



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

## FLUID SUMMARY

Phillips Exploration Co

**7-17S-16W Rush**

1601 Sagebrush  
Wichita, KS 67230

**Thielenhaus 1-7**

Job Ticket: 47608

**DST#: 4**

ATTN: Larry Friend

Test Start: 2012.06.25 @ 16:36:32

### Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

95000 ppm

Viscosity: 65.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 10.19 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 6900.00 ppm

Filter Cake: 0.02 inches

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	2333 GIP	0.000
558.00	Water	7.827
274.00	OMCW 2%O 30%M 68%W	3.843
248.00	OWCM 2%O 46%W 52%M	3.479
140.00	SOSGCM -1%O 1%G 98%M	1.964

Total Length: 1220.00 ft      Total Volume: 17.113 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

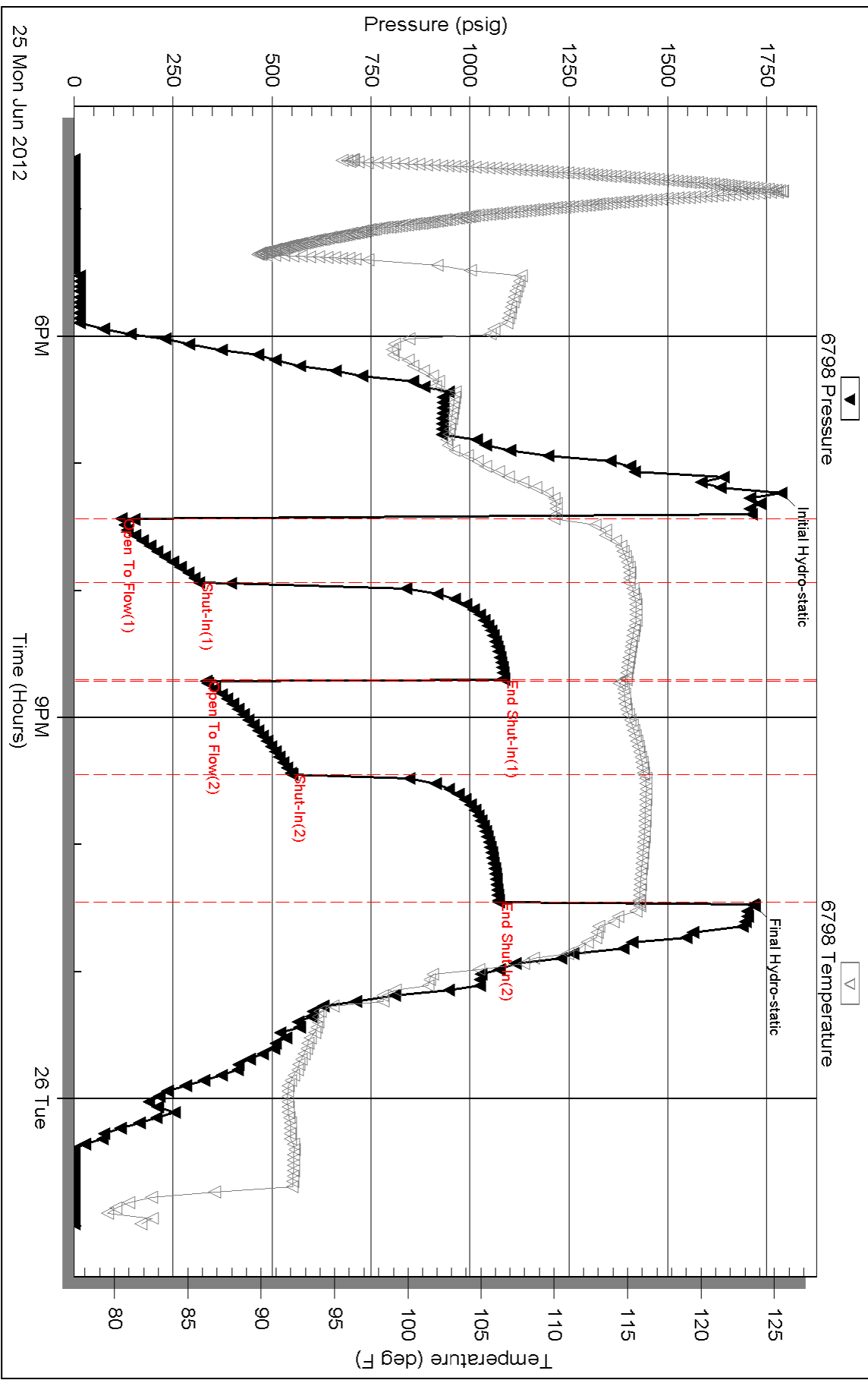
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: RW w as .65 @ 87 degrees

### Pressure vs. Time





Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner  
February 06, 2013

Corporation Commission

Sam Brownback, Governor

PHILLIPS EXPLORATION COMPANY L.C.  
1601 SAGEBRUSH  
WICHITA, KS 67230-7010

RE: API Well No. 15-165-21974-00-00  
THIELENHAUS 1-7  
~~SESENWNE, 7-17S-16W~~  
RUSH County, Kansas

Dear Operator:

Upon review of the above referenced well, the following documentation appears to be incomplete pursuant to K.A.R. 82-3-107. The requested information below should be submitted to the KCC to my attention by February 22, 2013 for processing. Failure to submit the requested documentation may be punishable by an administrative penalty pursuant to the General Rules and Regulations for the State of Kansas.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> All drilling and completion information. No ACO-1 has been received as of this date. | <input type="checkbox"/> TD and Completion date. (Month, Day, Year)   |
| <input type="checkbox"/> Must be notarized and signed.   | <input type="checkbox"/> Must have Footages from nearest outside corner of section.   |
| <input type="checkbox"/> Must have the ORIGINAL HARD COPY of ACO-1.  | <input type="checkbox"/> Side two on back of ACO-1 must be completed.   |
| <input type="checkbox"/> We do not accept fax copies.  | <input type="checkbox"/> Must have final copies of DST's/Charts.  |
| <input type="checkbox"/> Must be put on new form and typed.  | <input type="checkbox"/> All original complete open and cased hole wireline logs run.   |
| <input type="checkbox"/> API # or date when original well was first drilled.   | <input type="checkbox"/> A copy of geological reports compiled by wellsite geologist.   |
| <input type="checkbox"/> Contractor License #.   | <input type="checkbox"/> A copy of all cement job logs showing type, amounts and additives used to cement casing strings, squeeze and/or to plug and abandon. (Note: Cement tickets must be from company providing the cement, not necessarily the contractor.) |
| <input type="checkbox"/> Designate type of Well Completion.  | <input type="checkbox"/> Any commingling information; File on the ACO-4 form.   |
| <input type="checkbox"/> If Workover/Re-entry, need old well information, including original completion date.            | <input type="checkbox"/> Anything HIGHLIGHTED on ACO-1.   |
| <input type="checkbox"/> Spud date. (Month, Day, Year)   |   |
| <input type="checkbox"/> Other:  |   |

K.C.C. regulation 82-3-107 provides confidentiality, upon written request, for a period of one year from the date of such letter request. Confidentiality rights are waived if the ACO-1 remains incomplete, or is not timely filed (within 120 days from the well's spud date) including: electric logs, geologist's wellsite reports, driller's logs, and Kansas Geological Survey requested samples.

Do not hesitate to call the Kansas Corporation Commission, Conservation Division, at (316) 337-6200 if there are any questions. Note: If the intent is incorrect, you need to file a corrected intent.

Sincerely,

DEANNA GARRISON

Production Department



# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025  
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 695

Date	6-27-12	Sec.	7	Twp.	17	Range	16	County	Rush	State	KS	On Location		Finish	2:30 PM
Lease	Three Leases			Well No.	1-7			Location	Calatia W to 350rd 4 1/2 S W into						
Contractor	L-D Drilling							Owner	To Quality Oilwell Cementing, Inc.						
Type Job	Rotary Plug							You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Hole Size	7 7/8			T.D.	3750			Charge To	Sim Phillips						
Csg.								Depth							
Tbg. Size								Street	Phillips Exploration						
Tool								City	State						
Cement Left in Csg.								Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.						
Meas Line								Displace	Cement Amount Ordered 200 60/40 40/60 1/4 #10						

**EQUIPMENT**

Pumptrk	9	No.	Cementer Helper	Matt	Common	120
Bulktrk		No.	Driver	Travis	Poz. Mix	80
Bulktrk	8	No.	Driver	Cody	Gel.	7

**JOB SERVICES & REMARKS**

Remarks:	Hulls
Rat Hole	30SK
Mouse Hole	Flowseal 50#
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
1st	3645 50SK
2nd	1220 50SK
3rd	570 50SK
4th	60' 20SK
	Sand
	Handling 207
	Mileage

**FLOAT EQUIPMENT**

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	Pumptrk Charge
	Mileage 26 plug

X Signature *RU W.L.*

Tax  
Discount  
Total Charge



# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025  
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 875

Date	6-19-12	Sec.	7	Twp.	17	Range	16	County	RUSH	State	KANSAS	On Location		Finish	1:00 Am
Lease	TATELONHAUS			Well No.	1-7			Location	OTIS, KS - 4W - 3 1/2 N - W INTO						
Contractor	L.D. DETWILING #1							Owner	PHILLIPS EXPLORATION						
Type Job	L. SURFACE							To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Hole Size	12 1/4"			T.D.	1194'			Charge To	PHILLIPS EXPLORATION						
Csg.	8 5/8" - 23 LB			Depth	1192'			Street	1601 SAGEBRUSH						
Tbg. Size				Depth				City	WICHITA			State	KS,		
Tool				Depth				The above was done to satisfaction and supervision of owner agent or contractor.							
Cement Left in Csg.				Shoe Joint	30.52			Cement Amount Ordered	450com - 3cc - 2gel						
Meas Line				Displace	74 BLS										

**EQUIPMENT**

Pumptrk #15	No.	Cement Helper	NECK	Common	430
Bulktrk #12	No.	Driver	LEVY	Poz. Mix	
Bulktrk PU	No.	Driver	CISCO	Gel.	9

**JOB SERVICES & REMARKS**

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
CEMENT DID CIRCULATE ✓	Sand
	Handling 475
	Mileage

**FLOAT EQUIPMENT**

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	1 - 8 5/8" RUBBER PLUG
	1 - 8 5/8" BAFFLE PLATE
	Pumptrk Charge Long Surface
	Mileage 26

THANK YOU!

X Signature <i>Robt Oler</i>	Tax
	Discount
	Total Charge