



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



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	AAS Oil Co., Inc.
Well Name	AAS 27-2
Doc ID	1120438

All Electric Logs Run

Dual Induction
Dual Compensated Porosity Log
Microresistivity Log
Sonic Cement Bond Log



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 35360

LOCATION 180

FOREMAN LARRY STORM

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** API-15-035-24466

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-3-12	1091	AAS 27-2	27	34S	38	Cowley

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
AAS Oil Co.	539	LARRY		
	603	JOE		
	681	MARK		
	434	TRACEY		

MAILING ADDRESS: 2508 Edgemont Dr Ste 4  
CITY: Arkansas City STATE: Ks ZIP CODE: 67005

JOB TYPE: PROD B HOLE SIZE: 7 7/8 HOLE DEPTH: 3455 CASING SIZE & WEIGHT: 5 1/2

CASING DEPTH: 3454 DRILL PIPE: \_\_\_\_\_ TUBING: \_\_\_\_\_ OTHER: \_\_\_\_\_

SLURRY WEIGHT: 15.0 SLURRY VOL: 54 WATER gal/sk: \_\_\_\_\_ CEMENT LEFT in CASING: 2 ft

DISPLACEMENT: 82.21 DISPLACEMENT PSI: 1250 MIX PSI: 0 RATE: 6.87

REMARKS: Prep'd with 5 1/2 casing - Pumped 5 bbls water 500 gal  
Mud flush - 5 bbls water - 175 lbs Thick set + 5 lbs  
sol-jel + 1/2 lbs poly - Washed pump & lines - Displacement  
82.54 bbls do hard plug at 1450 lbs - Released float held.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	63	MILEAGE	4.00	252.00
5402	95	FOOTAGE	.22	20.90
1126A	175	Thick-Set	19.20	3360.00
1110A	875	lbs Sol-jel	1.46	1277.50
1107	50	lbs Poly	2.35	117.50
1144G	500	gals Mud Flush	1.05	525.00
5502C	4	30 vac - City Water	90.00	360.00
5407A	63	Bulk Dispersely x 9.20 x	1.24	78.12
4159	1	5 1/2 AMU Float Shoe	344.00	344.00
4310	1	5 1/2 Casing Collar	89.58	89.58
4310	1	5 1/2 x 10" NPIPE	113.46	113.46
4454	1	5 1/2 latch down Plug	254.00	254.00
4104	2	5 1/2 Cement Baskets	229.00	458.00
4136	8	5 1/2 TIRD Cent.	60.00	480.00
		<b>Subtotal</b>		<b>8412.80</b>
			SALES TAX	417.19
			ESTIMATED TOTAL	8830.59

Revin 3737

AUTHORIZATION Jay One

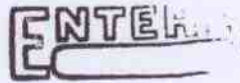
TITLE Prod Supt.

DATE 11-3-12

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.



**CONSOLIDATED**  
Oil Well Services, LLC



TICKET NUMBER 35358

LOCATION 180

FOREMAN Larry Steen

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-29-12	1091	AAS 27-2	27	345	3E	Cowley
CUSTOMER <u>AAS Oil Co</u>						
MAILING ADDRESS <u>2508 Edgemont Dr Ste #4</u>						
CITY <u>Arkansas City</u>		STATE <u>KS</u>	ZIP CODE <u>67005</u>			

TRUCK #	DRIVER	TRUCK #	DRIVER
446	Josh		
502	Steve		
539	Larry		

JOB TYPE Intree B HOLE SIZE 12 1/4 HOLE DEPTH 321 CASING SIZE & WEIGHT 858  
 CASING DEPTH 320 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.5 SLURRY VOL 32 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 25 ft  
 DISPLACEMENT 20 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ CEMENT RATE 5 bbl/s

REMARKS: Bucke Circulation - 185 sks A + 3% CACL2 + 2% Poly - Displaced 185 bbls - water to well displaced  
Circulated Cement to Surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	825.00	825.00
5406	63	MILEAGE	4.00	252.00
11045	185	sks A	14.95	2765.75
1102	480	lbs CACL2	1.74	835.20
1118B	350	lbs Gel	.21	73.50
1107	75	lbs Poly	2.35	176.25
5407A	63	Bulk Delivery x 8.10 x	1.34	734.45
		Subtotal		6182.15
		SALES TAX		829.21
		ESTIMATED TOTAL		5411.36

Revin 3737

AUTHORIZATION M. J. [Signature]

TITLE Tail Pusher

DATE 10-29-12

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.

