



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



1122378

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# ALLIED OIL & GAS SERVICES, LLC 059231

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999  
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Accountancy

DATE 1-8-13 SEC. 13 TWP. 19S RANGE 6W CALLED OUT \_\_\_\_\_ ON LOCATION \_\_\_\_\_  
 JOB START 7:30 JOB FINISH 8:30 AM  
 LEASE Schneider WELL # 1-13 LOCATION Tring 56 & McPherson County COUNTY Blanco STATE TX  
 OLD OR  NEW (Circle one) Line 1/2 N Wilson RC 2-03 7.3

CONTRACTOR Southern #1 OWNER \_\_\_\_\_  
 TYPE OF JOB PTA  
 HOLE SIZE 12 1/4 T.D. \_\_\_\_\_  
 CASING SIZE 5 5/8 DEPTH \_\_\_\_\_  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE 4 1/2 DEPTH 900  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. All  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT Fresh water  
 EQUIPMENT \_\_\_\_\_

CEMENT  
 AMOUNT ORDERED 165 SKS 60% class A  
40% pos 4 1/2 gal 1/4 PTD

COMMON	<u>111</u>	@ <u>17.90</u>	<u>1,986.90</u>
POZMIX	<u>74</u>	@ <u>9.35</u>	<u>691.90</u>
GEL	<u>6</u>	@ <u>23.40</u>	<u>140.40</u>
CHLORIDE		@	
ASC		@	
HANDLING	<u>198</u>	@ <u>2.48</u>	<u>491.00</u>
MILEAGE	<u>8.2 x 45%</u>	<u>2.60</u>	<u>959.40</u>
TOTAL			<u>4,269.30</u>

PUMP TRUCK CEMENTER Dustin Chambers  
 # 366 HELPER Tracy Hall  
 BULK TRUCK # 344170 DRIVER Dan Casper  
 BULK TRUCK # \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:  
Fill Hole with Big Mud  
1 900 - 35 SKS  
2 550 - 35 SKS  
3 310 - 35 SKS  
4 60 - 25 SKS  
RH - 30 SKS  
MH - 25 SKS  
plug Down 8:00 AM

369 -  
 TOTAL 4,269.30  
4,269.60

CHARGE TO: Drilling oil  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB	<u>900</u>		
PUMP TRUCK CHARGE	<u>2158.25</u>		
EXTRA FOOTAGE	@		
MILEAGE	<u>45M 45</u>	@ <u>7.70</u>	<u>346.50</u>
MANIFOLD	@		
	<u>45M 45</u>	@ <u>4.40</u>	<u>198.00</u>
TOTAL			<u>2,703.35</u>

To: Allied Oil & Gas Services, LLC.  
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		
TOTAL			

PRINTED NAME X Derby Keever  
 SIGNATURE X Derby Keever  
Thank You!!

SALES TAX (if Any) 508.99  
 TOTAL CHARGES 6,972.42  
25% 1,743.10  
 DISCOUNT 5,229.32 IF PAID IN 30 DAYS



# LITHOLOGY STRIP LOG

## Wellsight Systems

Scale 1:240 (5"=100') Imperial  
Measured Depth Log

Well Name: **Schneider 1-13**  
 Location: **NE-SW-SE-NE/4 Section 13 T19S-R6W**  
 License Number: **API: 15-159-22724-00-00**  
 Spud Date: **December 2, 2013**      Drilling Completed: **Jan 8, 2013**  
 Surface Coordinates: **2270' FNL & 780' FEL Section 13 T19S-R6W**

Bottom Hole Coordinates: **API#15-159-22724-00-00**

Ground Elevation (ft): **1640'**      K.B. Elevation (ft): **1650'**  
 Logged Interval (ft): **NTD**      To: **TD**      Total Depth (ft): **3520**  
 Formation:  
 Type of Drilling Fluid: **Chemical Displaced at 2500'**  
Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

### OPERATOR

Company: **Dreiling Oil Inc.**  
 Address: **1008 Cody Ave.  
 P.O. Box 550  
 Hays, KS 67601**

### GEOLOGIST

Name: **Roger L. Fisher**  
 Company: **Consulting Geologist**  
 Address: **1928 N Garland  
 Wichita Kansas, 67203**

### COMMENTS

Southwind Drig Rig #1  
 Surface Casing: 256'  
 Mudco Mud Co.  
 OH Logs: Nabors Wireline; DILL, CDL/CNL

Well was plugged due to lack of shows.

### ROCK TYPES

- |  |   |   |  |
|--|---|---|--|
| <ul style="list-style-type: none"> <li> Anhy</li> <li> Bent</li> <li> Brec</li> <li> Cht</li> <li> Clyst</li> <li> Coal</li> </ul> | <ul style="list-style-type: none"> <li> Congl</li> <li> Sdy dolo</li> <li> Shy dolo</li> <li> Dol</li> <li> Gyp</li> <li> Sdy lmst</li> </ul> | <ul style="list-style-type: none"> <li> Lmst</li> <li> Mrlst</li> <li> Salt</li> <li> Shale</li> <li> Sstst</li> <li> Ss</li> </ul> | <ul style="list-style-type: none"> <li> Black sh</li> <li> Gry sh</li> <li> Shale</li> <li> Shystst</li> <li> Slysh</li> </ul> |
|--|---|---|--|

