



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



1123545

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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# SKYY DRILLING LLC

## DAILY DRILLING REPORT

OPERATOR Isa E. Cardenas DATE 6-06 2012  
 LEASE NAME Coxly LOCATION \_\_\_\_\_ FEL/FWL \_\_\_\_\_ FSL/FNL \_\_\_\_\_  
 (FROM SECTION LINE)  
 WELL NO. BST-CB3 RIG NO. \_\_\_\_\_ SEC. \_\_\_\_\_ TWP. \_\_\_\_\_ RA. \_\_\_\_\_ COUNTY Franklin

FORMATION	FROM	TO	FIRST TOWER:	HOURS WORKED
Soil	0-2		DRILLER:	
Clay	2-5		TOOL DRESSER:	
Lime	5-42		REMARK:	
Shale	42-98		Lime 469-472	Oil Sand TOP 587 Good Bed
Lime	98-102		Shale 472-527	oil sand 587-609 Good sand
Shale	102-105		Lime 527-529	shale 610
Lime	105-131		Shale 529-541	drilled hot hole 610-660
Black shale	131-135		Lime 541-545	
Gray shale	135-146		Shale 545-576	
Lime	145-148		Lime 576-579	
Shale	148-155		Shale 579-581	
Red bed	155-158		Lime 581-584	
Shale	158-166		shale 584-587	

FORMATION	FROM	TO	SECOND TOWER:	HOURS WORKED	
Lime	166-167		DRILLER:		
Shale	167-173		TOOL DRESSER:		
Lime	173-211		REMARK: Pipe Tally		
Shale	211-216		1- 31.8	12- 31.2	
Lime	216-231		2- 31.1	13- 31.3	659.6 TD
Shale	231-241		3- 29.5	14- 32.5	
Lime	241-254		4- 32.6	15- 29.8	
Coal	254-258		5- 31.7	16- 29.3	
Lime	258-271		6- 32.1	17- 31.3	22' 6 <sup>5</sup> / <sub>8</sub> " surface w/45 SX
Shale	271-279		7- 31.4	18- 31.6	
Shale	279-303		8- 31.8	19- 32.3	
Shale	303-454		9- 31.3	20- 32.6	
Lime	454-466		10- 31.5	21- 31.7	
Shale	466-469		11- 31.2		

Invoice Amount - 6,500.00



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 39876

LOCATION Ottawa, KS

FOREMAN Fred Mader

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
6/11/12	2579	Carter "B" BSI-CB-3	SE 18	18	21	FR

CUSTOMER  
Energizer Resources Inc

MAILING ADDRESS  
10975 Grandview Dr

CITY  
Overland Park

STATE  
KS

ZIP CODE  
66210

TRUCK #	DRIVER	TRUCK #	DRIVER
506	FREMAD	Safety	Naty
495	HARBEC	H13	
369	DERMAS	DM	
590	BETTUC	ST	

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 660 CASING SIZE & WEIGHT 27 1/2 EUE

CASING DEPTH 654 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_

SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug

DISPLACEMENT 3:8488 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 58PM

REMARKS: Establish circulation. Mix Pump 100\* Gel Flush. Mix Pump 84 sks 70/30 Poz Mix Cement 2% Gel 5% Salt 1/2" Phen Seal/SK. Cement to surface. Flush pump & lines clean. Displace 2 1/2" rubber plug to casing TD. Pressure to 500 # PSI. Hold & monitor pressure for 30 min MIT. Release pressure to set float valve. Shut in casing.

*Fred Mader*

McGowan Drilling.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030.00
5406	-	MILEAGE		N/C
5402	664	Casing footage		N/C
5407	1/2 Minimum	100 Miles	570	175.00
5502C	1 1/2 hrs	80 BBL Vae Truck	369	135.00
1127	84 SKS	70/30 Poz Mix Cement		1066.80
1118B	248*	Premium Gel		52.00
1111	163*	Granulated Salt		60.31
1107A	42*	Pheno Seal		54.65
4402	1	2 1/2" Rubber Plug		28.00
			7.8%	SALES TAX 98.30
				ESTIMATED TOTAL 2699.25

**Completed**

Ravin 3737 AUTHORIZATION J.P. TITLE 250514 DATE \_\_\_\_\_

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.