



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: _____



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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Quality Well Service, Inc.

**324 Simpson St.
Pratt, KS 67124**

Invoice

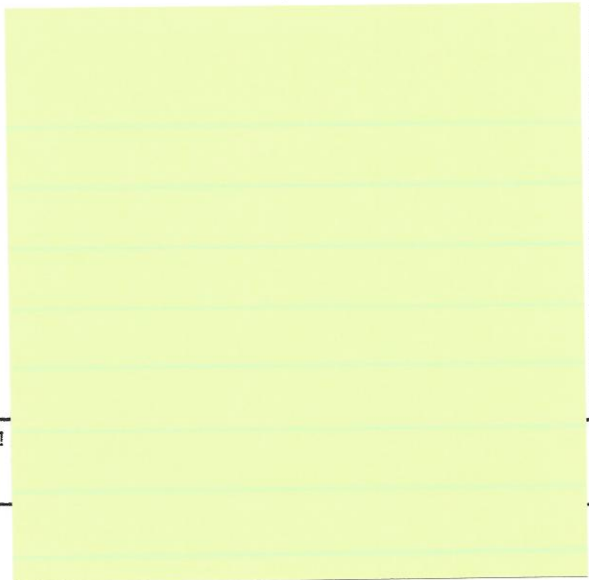
Date	Invoice #
11/8/2012	C-695

Bill To
Continental Operating P.O. Box 52 Hays, KS 67601

P.O. No.	Terms	Lease Name
		Eckhart A #21

Description	Qty	Rate	Amount
Common	150	15.50	2,325.00T
Gel	6	20.50	123.00T
Calcium	5	53.00	265.00T
Hulls	5	45.00	225.00T
Squeeze	1	1,000.00	1,000.00T
Handling	161	2.10	338.10T
.08 * sacks * miles	4,500	0.08	360.00T
LMV	30	2.00	60.00T
Pump Truck Mileage	30	8.00	240.00T
Rig Time Credit	1	-300.00	-300.00T
Discount	463.61	-1.00	-463.61T

Eckhart A #1
Rooks Co.



Thank You for your business!

Subtotal	\$4,172.49
Sales Tax (6.3%)	\$262.87
Total	\$4,435.36

QUALITY WELL SERVICE, INC.

5745

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410

Office / Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	11-5-12	Sec.	5	Twp.	8	Range	17	County	Rooks	State	KS	On Location		Finish	11-15-12
Lease	Rekbert	Well No.	A #1		Location Plainville, MO 6N 2E 3N 1/2 E 11 to										
Contractor	CO TOOLS				Owner										
Type Job	Squeeze				To Quality Well Service, 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					T.D.										
Csg.	8 5/8				Depth 130										
Tbg. Size					Depth										
Tool					Depth										
Cement Left in Csg.					Shoe Joint										
Meas Line					Displace 1661										
EQUIPMENT												Charge To Continental			
Pumptrk	No.	8		Cody		Common									
Bulktrk	No.	4		Vicate		Poz. Mix									
Bulktrk	No.					Gel. 6									
Pickup	No.					Calcium									
JOB SERVICES & REMARKS												Cement Amount Ordered 150yx com 30% (C 4% gel)			
Rat Hole	Hulls														
Mouse Hole	Salt														
Centralizers	Flowseal														
Baskets	Kol-Seal														
D/V or Port Collar	Mud CLR 48														
	CFL-117 or CD110 CAF 38														
	Sand														
	Handling 161														
	Mileage 30														
Worked up to 8 5/8 casing and mixed 100yx to shut water off - shut down for 45min - mixed another 50yx and pressured up to 200psi - shut down - washed pump and lines clean - disp 1661 of H70 and shut in @ 150psi												FLOAT EQUIPMENT			
	Guide Shoe														
	Centralizer														
	Baskets														
	AFU Inserts														
	Float Shoe														
	Latch Down - 2hr rig time														
	500# hulls														
	Pumptrk Charge 89.00														
	Mileage 40														
	Thank You!!														
Signature												Tax			
												Discount			
												Total Charge			