



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: \_\_\_\_\_



1127730

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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## DRILL LOG

Operator License# \_\_\_\_\_

API 15-121-29231-00-00

Operator \_\_\_\_\_

Lease Name ABC

Address \_\_\_\_\_

Well # I-22

Contractor JTC Oil, Inc.

Spud Date 8/17/12 Cement 8/28/12

Contractor License\_\_ 32834

Location \_\_\_\_\_ of \_\_\_\_\_

T.D. 418 T.D. of Pipe 406

\_\_\_\_\_ feet from \_\_\_\_\_

Surf. Pipe Size\_\_ 6.5 \_\_\_\_ Depth\_\_ 20 \_\_\_\_

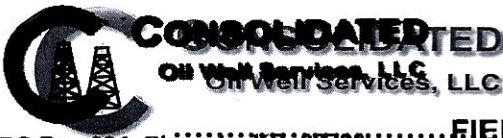
\_\_\_\_\_ feet from \_\_\_\_\_

Kind of Well \_\_\_\_\_

County Miami

<u>Thickness</u>	<u>Strata</u>	<u>From</u>	<u>To</u>	<u>Thickness</u>	<u>Strata</u>	<u>From</u>	<u>To</u>
17	soil	0	17	6	black shale	155	161
7	lime	17	24	24	lime	161	184
1	shale	24	25	4	black shale	184	188
11	lime	25	36	4	lime	188	192
13	shale	36	49	2	shale	192	194
3	lime	49	51	7	lime	194	201
8	shale	51	59	2	shale	201	203
11	lime	59	70	2	lime	203	205
12	shale	70	82	111	shale	205	316
3	lime	92	95	27	red bed	316	343
9	shale	95	104	2	shale	343	345

<u>17</u>	<u>lime</u>	<u>104</u>	<u>121</u>	<u>2</u>	<u>little sand</u>	<u>345</u>	<u>347</u>
<u>7</u>	<u>shale</u>	<u>121</u>	<u>128</u>				
<u>27</u>	<u>lime</u>	<u>128</u>	<u>155</u>				
				<u>2</u>	<u>sand</u>	<u>347</u>	<u>349good</u>
				<u>2</u>	<u>good</u>	<u>349</u>	<u>351</u>
				<u>2</u>	<u>vgood</u>	<u>351</u>	<u>353</u>
				<u>2</u>	<u>good</u>	<u>353</u>	<u>355</u>
				<u>2</u>	<u>good</u>	<u>355</u>	<u>357</u>
				<u>2</u>	<u>good</u>	<u>357</u>	<u>359</u>
				<u>2</u>	<u>good</u>	<u>359</u>	<u>361</u>
				<u>2</u>	<u>vgood</u>	<u>361</u>	<u>363</u>
				<u>2</u>	<u>vgood</u>	<u>363</u>	<u>365</u>
				<u>2</u>	<u>vgood</u>	<u>365</u>	<u>367</u>
				<u>2</u>	<u>vgood</u>	<u>367</u>	<u>369</u>
				<u>2</u>	<u>little</u>	<u>369</u>	<u>371</u>
				<u>12</u>	<u>lime</u>	<u>371</u>	<u>383</u>
				<u>37</u>	<u>shale</u>	<u>383</u>	<u>418 stop</u>



TICKET NUMBER 39557  
 LOCATION 07stawa Box 884  
 FOREMAN Fred Mader Chanute, KS 66720  
 FAX 620/431-0012

PO Box 884, Chanute, KS 66720.....**FIELD TICKET & TREATMENT REPORT**.....  
 620-431-9210 or 800-467-8676 **CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/28/12	4015	ABC # I-22	SW 22	17	22	M1
CUSTOMER JTC Oil Inc			TRUCK #		DRIVER	
MAILING ADDRESS 356 88 Plum Creek Rd			506		Eric Mad	
CITY Osawatomie			495		Har Dec	
STATE KS			637		Jam Mea	
ZIP CODE 66064			548		Mik Has	
			TRUCK #		DRIVER	
			Safety		Mty	
			HB			
			JM			
			MH			

JOB TYPE Long string HOLE SIZE 6" HOLE DEPTH 418 CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 406 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
 DISPLACEMENT 2.3688 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 BLM

REMARKS: Establish pump rate. Mix + Pump 100\* Gel Flush. Mix + Pump  
5ks OWC Cement. Cement to Surface. Flush pump + liner  
clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800\* PSI  
Hold + Monitor pressure for 30 min MPTI. Release pressure  
to set float. Valve. Shut in Casing

JTC Drilling Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 <sup>00</sup>
5406	-	MILEAGE	495	N/C
5402	406	Casing footage	N/C	N/C
5407	1/3	Ton Miles	548	116 <sup>67</sup>
5502C	1 1/2 hrs	80 BBL Vac Truck	637	135 <sup>00</sup>
1126	51 SKS	OWC Cement		958 <sup>00</sup>
1188	100*	Premium Gel		21 <sup>00</sup>
4402	1	2 1/2" Rubber Plug		28 <sup>00</sup>
1107	13#	Flo Seal 2		30 <sup>55</sup>
			7.5%	SALES TAX
				ESTIMATED TOTAL
				2398 <sup>43</sup>

**SCANNED**

**Completed**

Ravin 3737 AUTHORIZATION Don Dudder TITLE \_\_\_\_\_ 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.

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