



**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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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 (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

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

**ENTERED**

TICKET NUMBER **41338**  
LOCATION Eureka  
FOREMAN Rick Ledford

API # 15-207-28511

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-6-13	4418	Vannoy Fee # 8	6	24S	15E	Wardson
CUSTOMER		SKY DRIG	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			520	John		
CITY			479	Chris B		
STATE			515	Merle		
ZIP CODE			637	Allen B		
JOB TYPE <u>L/S 0</u>		HOLE SIZE <u>6 3/4"</u>	HOLE DEPTH <u>1220'</u>		CASING SIZE & WEIGHT <u>4 1/2" 10.5# used</u>	
CASING DEPTH <u>1218' K.B.</u>		DRILL PIPE	TUBING		OTHER	
SLURRY WEIGHT <u>12.8"-13.5"</u>		SLURRY VOL <u>47 Bbl</u>	WATER gal/sk <u>80-90</u>		CEMENT LEFT in CASING <u>0'</u>	
DISPLACEMENT <u>19.4 Bbl</u>		DISPLACEMENT PSI <u>600</u>	PSI <u>1000</u> Pump/Plug		RATE	

REMARKS: Safety meeting- Rig up to 4 1/2" casing. Break circulation w/ 5 AW fresh water. Mixed 100 sks 60/40 Perm cement w/ 80% gel + 1# phenoseal/sk @ 12.8#/gal Tail in w/ 50 sks thickset cement w/ 5# Kat-seal/sk + 1# phenoseal/sk @ 13.5#/gal. yield 1.75. Washout pump + lines, release plug. Displace w/ 19.4 Bbl fresh water. Final pump pressure 600 PSI. Pump plug to 1000 PSI. release pressure, float + plug hold. Good cement returns to surface = 9 Bbl slurry to pit. Job complete. Rig down

" Thank You "

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	40	MILEAGE	4.00	160.00
1131	100 sks	class A cement	12.55	1255.00
11188	690#	80% gel	.21	144.90
1107A	100 #	1# phenoseal/sk	1.29	129.00
1126A	50 sks	thickset cement	19.20	960.00
1110A	250 #	5# Kat-seal/sk	.46	115.00
1107A	50 #	1# phenoseal/sk	1.29	64.50
5407	7.05	ton mileage bulk trcs x 2	m/c x 2	700.00
5502C	3 1/2 hrs	80 Bbl vac. tex	90.00	315.00
1123	3000 gals	city water	16.50/1000	49.50
4129	4	4 1/2" centralizers	42.00	168.00
4404	1	4 1/2" top rubber plug	45.00	45.00
4161	1	4 1/2" AFV float shoe	286.00	286.00
			Subtotal	5421.90
			SALES TAX	234.85
			ESTIMATED TOTAL	5656.75

Ravin 3737

AUTHORIZATION [Signature]

TITLE 257195

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



**CONSOLIDATED**  
Oil Well Services, LLC

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

**ENTERED**

**FIELD TICKET & TREATMENT REPORT**

TICKET NUMBER 41322 ✓  
LOCATION Eureka  
FOREMAN Steve Neal

APT 15-207-2831) **CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-4-18	4418	Uannacker Fee #8	6	24S	15E	Woodson
CUSTOMER <u>Kraft Oil LLC</u>			SKVY Rig 3			
MAILING ADDRESS <u>434 Iris Rd. SW</u>						
CITY <u>Gridley</u>		STATE <u>Ks</u>	ZIP CODE <u>66832</u>			
TRUCK #			DRIVER		TRUCK #	
<u>485</u>			<u>Alan m</u>			
<u>611</u>			<u>JOEY</u>			

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 44' CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH 44' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 2 1/4 bbl DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting. Rig up to 8 5/8 casing. Break circulation w/ fresh water. Mix 40sks Class A Cement w/ 3% Caclz, 2% Gel. Displace with 2 1/4 bbls Freshwater. Shut well in. Good cement returns to surface. Job complete Rig down

*Thank You*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE	825.00	825.00
5406	40	MILEAGE	4.00	160.00
11045	40sks	Class A Cement	14.95	598.00
1102	110 #	3% Caclz	.74	81.40
1118B	75 #	2% Gel	1.21	15.75
5407	1.88	Ton mileage Bulk Trucks	M/C	350.00
			Sub Total	2030.15
			SALES TAX	50.74
			ESTIMATED TOTAL	2080.89

Ravin 3737

251190

AUTHORIZATION [Signature] TITLE Tool pusher 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