



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: _____



1131389

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Hodown Drilling

Yates Center, KS

Lease Name: Chatterton	Spud Date: 1-16-2013	Surface Pipe Size: 7 "	Depth: 20'	T.D. 1240
Operator: Ron-Bob Oil	Well # 2	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_4	soil			
4_26	clay/gravel			
26_45	lime			
45_142	shale			
142_165	lime			
165_201	shale			
201_267	lime			
267_316	shale			
316_321	lime			
321_332	shale			
332_451	lime			
451_619	shale			
619_622	lime			
622_646	shale			
646_655	lime			
655_710	shale			
710_728	lime			
728_745	shale			
745_747	lime			
747_783	shale			
783_788	lime			
788_790	shale			
790_794	lime			
794_798	shale			
798_802	lime			
802_838	shale			
838_839	1st cap			
839_844	shale			
844_845	2nd cap			
845_853	broken sand free oil			
853_1163	shale			
1163_1168	Riverton			
1168_1175	shale			
1175_1192	lime			
1192_1201	1st break oil			
1201_1240	lime			
	1240 TD			

Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765

Ticket Number 100209
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
1-17-13		Chatterton #2	33-23-17E	Woodson
Customer Ron-Bob Oil		Mailing Address	City	State Zip

Job Type:	Longstring		Truck #	Driver
Hole Size: 5 7/8"	Casing Size:	Displacement: 7 Bbls.	201	Kelly
Hole Depth: 1238'	Casing Weight:	Displacement PSI: 700	202	Jerry
Bridge Plug:	Tubing: 2 7/8"	Cement Left in Casing: 0'	144 = 152	Austin
Packer:	PBTD: 1234'			Rick

Quantity Or Units	Description of Services or Product	Pump charge	
⊖	Mileage Trk. In Area	\$3.25/Mile	790.00
			N/C
144 SACKS	Quick Set cement	17.90	2577.60
200 lbs.	Gel > Flush Ahead	.30	60.00
3 Hrs.	Water Truck	84.00	252.00
2 1/2 Hrs.	Water Truck	84.00	210.00
5000 GAL	Water	13.00 @ 1000	65.00
8.06 Tons	Bulk Truck > minimum charge	\$1.15/Mile	250.00
2	Plugs 2 7/8" Top Rubber Plugs	25.00	50.00
		Subtotal	4254.60
		Sales Tax	200.94
		Estimated Total	4455.54

Remarks: Rig up to 2 7/8" Tubing, Pumped 10 Bbl. water Ahead, 10 Bbl. Gel Flush, circulated Gel around to condition Hole. Mixed 144 Sks Quick Set cement, shut down - wash out Annular spaces, Release 2- Top Rubber Plugs Displaced Plugs with 7 Bbl. water. Final Pumping @ 700 PSI - Bumped Plugs to 1100 PSI. Closed Tubing id w/ 1100 PSI Good cement returns w/ 6 Bbl. slurry

"Thank you"

called by Bob
 Customer Signature