



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: \_\_\_\_\_



1131664

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
_____ 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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	IA Operating, Inc.
Well Name	York 18-1
Doc ID	1131664

All Electric Logs Run

Geologist's Well Report
Microrisistivity Log
Dual Induction Log
Dual Compensated Porosity Log
Borehole Compensated Sonci Log

Form	ACO1 - Well Completion
Operator	IA Operating, Inc.
Well Name	York 18-1
Doc ID	1131664

Tops

Name	Top	Datum
Anhydrite	1468	+734
Base Anhydrite	1511	+691
Topeka	3208	-1006
Heebner Shale	3455	-1253
Toronto	3477	-1275
Lansing	3499	-1297
Marmaton	3784	-1582
Arbuckle	3831	-1629
Total Depth	3890	

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025  
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 6360

Date	1-12-13	Sec.	18	Twp.	14	Range	19	County	Ellis	State	KS	On Location	Finish	2:00 pm
------	---------	------	----	------	----	-------	----	--------	-------	-------	----	-------------	--------	---------

Lease **York K** Well No. **18-1** Location **Xocmento 5 to mt present 1/4 W NW**

Contractor <b>Discovery 4</b>	Owner To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Type Job <b>plus</b>	Charge To <b>IA Operating</b>
Hole Size <b>7 7/8</b>	T.D. <b>3890</b>
Csg. <b>Dill pipe</b>	Street
Tbg. Size	City State
Tool	Depth
Cement Left in Csg.	Shoe Joint
Meas Line	Displace

<b>EQUIPMENT</b>		Common <b>135</b>
Pumptrk <b>16</b>	No. <b>16</b>	Cementer <b>Mutt</b>
Bulktrk <b>14</b>	No. <b>14</b>	Helper <b>Brett</b>
Bulktrk <b>04</b>	No. <b>04</b>	Driver <b>Clayton B</b>
		Poz. Mix <b>90</b>
		Gel. <b>B</b>
		Calcium

<b>JOB SERVICES &amp; REMARKS</b>		Hulls
Remarks:		Salt
Rat Hole <b>30 SX</b>		Flowseal <b>50#</b>
Mouse Hole <b>15 SX</b>		Kol-Seal
Centralizers		Mud CLR 48
Baskets		CFL-117 or CD110 CAF 38
D/V or Port Collar		Sand
<b>1st 3850</b>	<b>50 SX</b>	Handling <b>233</b>
<b>2nd 1500</b>	<b>25 SX</b>	Mileage
<b>3rd 245</b>	<b>100 SX</b>	
<b>4th 270</b>	<b>40 SX</b>	
<b>5th 40</b>	<b>10 SX</b>	

<b>FLOAT EQUIPMENT</b>	
Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	
	<b>Wood Plug</b>
Pumptrk Charge	<b>plug</b>
Mileage	<b>8</b>

	Tax	
	Discount	
Signature <b>Mike [Signature]</b>	Total Charge	

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

6275

Phone 785-483-2025  
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No.

Date	Sec.	Twp.	Range	County	State	On Location	Finish
12-17-12	18	14	19	ELLIS	KANSAS		8:00 PM
Lease YORK				Location HAYS STO 170 RD N 3-1/4 W N/INTO		Well No. #18-1	
Contractor D.D #4		Owner I.A OPERATING		To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Type Job SURFACE		Charge To I.A OPERATING		Street 9915 W 21ST STE B			
Hole Size 12 1/4"		T.D. 220'		City WICHITA State KS, 67205			
Csg. 8 5/8"		Depth 223		The above was done to satisfaction and supervision of owner agent or contractor.			
Tbg. Size		Depth		Cement Amount Ordered 150 com 3cc 2 gel			
Tool		Depth		Cement Left in Csg. Shoe Joint 15'			
Meas Line		Displace 13		Common 150			
<b>EQUIPMENT</b>				<b>JOB SERVICES &amp; REMARKS</b>			
Pumptrk #15	No.	Cementer		Hulls			
		Helper	NICK	Salt			
Bulktrk #14	No.	Driver		Rat Hole			
		Driver	HEATH	Flowseal			
Bulktrk 2/4	No.	Driver		Mouse Hole			
		Driver	CISCO	Kol-Seal			
				Centralizers			
				Mud CLR 48			
				Baskets			
				CFL-117 or CD110 CAF 38			
				D/V or Port Collar			
				Sand			
				Handling 158			
CEMENT did CIRCULATE!				Mileage			
				<b>FLOAT EQUIPMENT</b>			
				Guide Shoe			
				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				Pumptrk Charge Surface			
				Mileage 8			
THANK YOU!				Tax			
Signature Mike [Signature]				Discount			
				Total Charge			