



**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: \_\_\_\_\_



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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Lone Jack Oil Company  
Blue Mound, KS

1-912-755-23071-620-363-0492

Lease: RE Camp Operator: Evans Oil API # 15-011-24226-0000  
 Contractor: Lone Jack Oil Company Date Started: 3/26/13 Date Completed: 4/2/13  
 Total Depth: 662 feet Well # 10-OE-T Hole Size: 2 5/8  
 Surface Pipe: 32' 6 1/4 Surface Bit: 9 7/8 Sacks of Cement: 10  
 Length and Size of Casing: 654' 2/78 Sacks of Cement: 85  
 Legal Description: SE SW NE NE Sec: 36 Twp: 23S Range: 21E County: Bourbon

Thicknes s	Depth	Type of Formation	Core Thickness	Depth	Time
1	1	Top Soil	1	634-635	2:42 Shale
1	2	Loose Rock	2	635-636	1:36 Oil Sand
39	41	Lime	3	636-637	2:17 Oil Sand
5	46	Shale	4	637-638	1:43 Oil Sand
2	48	Lime	5	638-639	1:55 Oil Sand
4	52	Shale	6	639-640	1:55 Oil Sand
23	75	Lime	7	640-641	1:09 Oil Sand
3	78	Shale	8 (641 1/2)	641 1/2 - 642	1:04 Oil Sand
4	82	Lime	9	642-643	0:58 Black Sand
6	88	Shale	10	643-644	0:52 Black Sand
5	93	Lime	11	644-645	0:51 Black Sand
1	94	Shale	12	645-646	1:09 Black Sand
7	101	Lime	13	646-647	0:58 Black Sand
2	103	Shale	14	647-648	1:00 Black Sand
4	107	Lime	15	648-649	1:09 Black Sand
114	221	Shale	16	649-650	1:28 Black Sand
2	223	Lime	17	650-651	1:17 Black Sand
48	271	Shale	18	651-652	1:33 Black Sand
3	274	Lime			
10	284	Shale			
7	291	Lime			
70	361	Shale			
2	363	Lime			
3	366	Shale			
15	381	Lime			
4	385	Shale			
6	391	Lime			
42	433	Shale			
5	438	Lime			
2	440	Shale			
11	451	Lime			
6	457	Shale			
8	465	Lime			
167	632	Shale			
2	634	Oil Sand (Shaley)			
18	652	Ran Core			
5	657	Black Sand			
5	662	Black Shale			
	662	TD			

DIEBOLT LUMBER AND SUPPLY INC.

2661 Nebraska Road  
 La Harpe, Kansas 66751  
 FAX: (620) 496-2226  
 PHONE: (620) 496-2222

OSAGE ENERGY LLC	
2100 W. VIRGINIA ROAD	
COLONY	KS 66015
(620) 852-3501	

CUST#: 354  
 TERMS: NET 28  
 P.O.#: CAMP ~~13-CE~~ **10-0E-T**

INV #: 302963  
 DATE : 3/18/13 TIME : 12:14  
 CLERK: RS TERM#552  
 SLSPR: RS ROLAND SUTTERBY  
 TAX : 001 KANSAS TAX

PO # CAMP 13-0E/15-0E

\*\*\*DUPLICATE\*\*\*  
 \* INVOICE \*  
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LN#	QTY	UM	SKJ	DESCRIPTION	UNITS	PRICE/PER	EXTENSION
1	10	BG	94FC	944 TYPE I PORTLAND CEMENT	10	10.45 /BG	104.50

*Camp 10-0E-T  
 Surface*

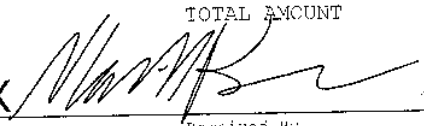
\*\* AMOUNT CHARG'D TO STORE ACCOUNT \*\*

112.39 TAXABLE 104.50  
 NON-TAXABLE 0.00  
 SUBTOTAL 104.50

TOT WT: .00

(JERRY BOWEN )

TAX AMOUNT 7.80  
 TOTAL AMOUNT 112.39

X   
 Received By

**Lone Jack Oil Company**  
**509 East Walnut**  
**Blue Mound, KS 66010**

**Invoice**

Date	Invoice #
4/7/2013	1612

<b>Bill To</b>
Osage Energy LLC 2100 West Virginia Road Colony, KS 66015

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Camp 10-OE-T		
1	4/3/13, Well 10-OE-T, circulated 85 sacks of cement to surface, pumped plug and set float shoe.	700.00	700.00T
1	Water Truck	100.00	100.00T
	Sales Tax	7.55%	60.40
<i>Evans Oil</i>			
<i>\$430.20</i>			
Thank you for your business.		<b>Total</b>	<b>\$860.40</b>

