



**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
_____ 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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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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Johnson County, KS  
Well: Thompson I-16  
Lease Owner: DE Exploration

Town Oilfield Service, Inc.  
(913) 837-8400

Commenced Spudding:  
3/15/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
0-17	Soil-Clay	17
22	Lime	39
6	Shale	45
9	Lime	54
6	Shale	60
19	Lime	79
13	Shale	92
9	Sand	101
7	Sandy Shale	108
24	Lime	132
38	Shale	170
11	Lime	181
19	Shale	200
7	Lime	207
7	Shale	213
10	Lime	223
14	Shale	237
5	Lime	242
7	Lime	249
7	Shale	256
5	Lime	261
33	Shale	294
2	Lime	296
9	Shale	305
24	Lime	329
8	Shale	337
23	Lime	360
4	Shale	364
4	Lime	368
3	Shale	371
7	Lime	378
22	Shale	400
9	Sandy Shale	409
5	Sand	414
10	Sandy Shale	424
125	Shale	549
4	Lime	553
3	Shale	556
2	Lime	558
3	Shale	561



# Short Cuts

## TANK CAPACITY

BBLS. (42 gal.) equals  $D^2 \times 14 \times h$   
 D equals diameter in feet.  
 h equals height in feet.

## BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004

BPH - barrels per hour

PSI - pounds square inch

## TO FIGURE PUMP DRIVES

- \* D - Diameter of Pump Sheave
- \* d - Diameter of Engine Sheave
- SPM - Strokes per minute
- RPM - Engine Speed
- R - Gear Box Ratio
- \*C - Shaft Center Distance

D -  $RPM \times d$  over  $SPM \times R$

d -  $SPM \times R \times D$  over RPM

SPM -  $RPM \times D$  over  $R \times D$

R -  $RPM \times D$  over  $SPM \times d$

$$BELT LENGTH - 2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$$

\* Need these to figure belt length

$$TO FIGURE AMPS: \frac{WATTS}{VOLTS} = AMPS$$

746 WATTS equal 1 HP

# Log Book

Well No. I-14

Farm Thompson

KS Johnson  
 (State) (County)

1 15 21  
 (Section) (Township) (Range)

For D.E. Exploration inc  
 (Well Owner)

## Town Oilfield Services, Inc.

1207 N. 1st East  
 Louisburg, KS 66053  
 913-710-5400



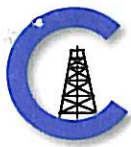


Thickness of Strata	Formation	Total Depth	Remarks
0-17	soil-clay	17	
22	Lime	39	
6	shale	45	
9	Lime	54	
6	shale	60	
19	Lime	79	
13	shale & redbed	92	
9	sand	101	
7	sandy shale	108	no oil
24	Lime	132	
38	shale	170	
11	Lime	181	
19	shale	200	
7	Lime	207	
7	shale	213	
10	Lime	223	
14	shale	237	
5	green shale & lime	242	
7	Lime	249	
7	shale	256	
5	Lime	261	
33	shale	294	
2	Lime	296	
9	shale	305	
24	Lime	329	
8	shale	337	
23	Lime	360	

Thickness of Strata	Formation	Total Depth	Remarks
4	Shale	364	
4	Lime	368	
3	shale	371	
7	Lime	378	Hertha
22	shale	400	
9	sandy shale	409	
5	sand	414	no Oil
10	sandy shale	424	
125	shale	549	
4	Lime	553	
3	shale	556	
2	Lime	558	
3	shale	561	
1	Lime	562	
8	shale	570	
6	Lime	576	
6	sandy shale	582	
11	shale	593	
3	Lime	596	
9	shale	605	
3	Lime	608	
22	shale	630	
1	Lime	631	
2	shale	633	
2	Lime	635	
7	shale	642	
8	sandy shale	650	







**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 257490

Invoice Date: 03/20/2013 Terms: 0/0/30,n/30

Page 1

D.E. EXPLORATION  
DOUG EVANS  
P.O. BOX 128  
WELLSVILLE KS 66092  
(785) 883-4057

THOMPSON I-16  
38862  
1-15-21  
03-19-2013  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	118.00	10.9500	1292.10
1118B	PREMIUM GEL / BENTONITE	298.00	.2100	62.58
1111	SODIUM CHLORIDE (GRANULA	248.00	.3700	91.76
1110A	KOL SEAL (50# BAG)	590.00	.4600	271.40
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00
1401	HE 100 POLYMER	.50	47.2500	23.63

Description	Hours	Unit Price	Total
558 MIN. BULK DELIVERY	1.00	350.00	350.00
666 CEMENT PUMP	1.00	1030.00	1030.00
666 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
666 CASING FOOTAGE	905.00	.00	.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

Parts: 1769.47 Freight: .00 Tax: 133.15 AR 3582.62  
 Labor: .00 Misc: .00 Total: 3582.62  
 Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_

Date \_\_\_\_\_





**CONSOLIDATED**  
Oil Well Services, LLC

257490

TICKET NUMBER 38862  
LOCATION Ottawa, KS  
FOREMAN Cassy Kennedy

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

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/19/13	2355	Thompson #I-16	SE 1	15	21	JO

CUSTOMER <u>DE Exploration</u>	
MAILING ADDRESS <u>PO Box 128</u>	
CITY <u>Wellsville</u>	STATE <u>KS</u>
ZIP CODE <u>66092</u>	

TRUCK #	DRIVER	TRUCK #	DRIVER
389	Casken	✓ Safety Meeting	
666	Gar Moo	✓	
558	Bre Man	✓	
675	Kei Det	✓	

JOB TYPE locating HOLE SIZE 5 5/8" HOLE DEPTH 940' CASING SIZE & WEIGHT 2 7/8" EUE  
CASING DEPTH 905' DRILL PIPE TUBING baffle - 873' OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 30'  
DISPLACEMENT 5.05 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 1/2 gal Polymer, mixed & pumped 100 # Premium gel followed by 10 bbls fresh water, mixed & pumped 118 stks 5/8 Pozmix cement w/ 2% gel, 5% salt, & 5 # Kol Seal per stk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.05 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

*[Handwritten signature]*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	30 mi	MILEAGE		120.00
5402	905'	casing footage		
5407	minimum	ten mileage		350.00
5502C	2 hrs	80 Vac		180.00
1124	118 stks	5/8 Pozmix cement		1292.10
1118B	298 #	Premium Gel		62.58
1111	248 #	Salt		91.76
1110A	590 #	Kol Seal		271.40
4402	1	2 1/2" rubber plug		28.00
1401	1/2 gal	Polymer		23.63
			7.525%	SALES TAX
				ESTIMATED TOTAL
				3582.62

✓ completed

Flavin 3737

AUTHORIZATION Bryan Miller 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