



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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Johnson County, KS
 Well: Thompson I-17
 Lease Owner: D.E. Exploration

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

Commenced Spudding:
 3/21/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
0-10	Soil & Clay	10
16	Lime	26
7	Shale	33
9	Lime	42
6	Shale	48
18	Lime	66
13	Shale & Redbed	79
12	Sand	91
4	Sandy Shale	95
27	Lime	122
34	Shale	156
12	Lime	168
19	Shale	187
7	Lime	194
6	Shale	200
11	Lime	211
13	Shale	224
6	Shale & Lime	230
6	Lime	236
4	Shale	240
7	Lime	247
33	Shale	280
1	Lime	281
11	Shale	292
24	Lime	316
6	Shale	322
24	Lime	346
4	Shale	350
4	Lime	354
3	Shale	357
7	Lime	364
26	Shale	390
20	Sandy Shale	410
10	Shale	420
5	Sandy Shale	425
110	Shale	535
4	Lime	539
4	Shale	543
2	Lime	545
11	Shale	556

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-17

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
0-10	soil-clay	10	
16	Lime	26	
7	shale	33	
9	Lime	42	
6	shale	48	
18	Lime	66	
13	shale & redbed	79	
12	sand	91	
4	sandy shale	95	no oil
27	Lime	122	
34	shale	156	
12	Lime	168	
19	shale	187	
7	Lime	194	
6	shale	200	
11	Lime	211	
13	shale	224	
6	shale & lime	230	
6	Lime	236	
4	shale	240	
7	Lime	247	
33	shale	280	
1	Lime	281	
11	shale	292	
24	Lime	316	
6	shale	322	
24	Lime	346	

346

Thickness of Strata	Formation	Total Depth	Remarks
4	shale	350	
4	Lime	354	
3	shale	357	
7	Lime	364	Heitha
26	shale	390	
20	sandy shale	410	
10	shale	420	
5	sandy shale	425	
110	shale	535	
4	Lime	539	
4	shale	543	
2	Lime	545	
11	shale	556	
7	Lime	563	
5	sandy shale	568	
10	shale	578	
3	Lime	581	
11	shale	592	
2	Lime	594	
26	shale	620	
2	Lime	622	
5	shale	627	
8	shale & lime	635	
53	shale	688	
14	sand & shale	702	gas odor
8	sandy shale	710	
20	shale	730	



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 # 257592

Invoice Date: 03/26/2013 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-17
38866
1-15-21
03-22-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	122.00	10.9500	1335.90
1118B	PREMIUM GEL / BENTONITE	305.00	.2100	64.05
1111	SODIUM CHLORIDE (GRANULA	256.00	.3700	94.72
1110A	KOL SEAL (50# BAG)	610.00	.4600	280.60
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	902.00	.00	.00
675 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

Parts: 1826.90 Freight: .00 Tax: 137.49 AR 3644.39
 Labor: .00 Misc: .00 Total: 3644.39
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

