



**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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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>	<b>PRODUCTION INTERVAL:</b> _____ _____
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CONSOLIDATED  
Oil Well Services, LLC

256884

TICKET NUMBER 38796

LOCATION Ottawa, KS

FOREMAN Casey 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
2/15/13	405	ABC #I-19	SW 22	17	22	M
CUSTOMER STC Oil Inc			TRUCK #			
MAILING ADDRESS 35688 Plum Creek			DRIVER		TRUCK #	
CITY Osawatomie			DRIVER		TRUCK #	
STATE KS		ZIP CODE 66064	481	Carlsen	✓	Safety Meeting
			666	Gar Moo	✓	
			570	Set Toc	✓	
			369	DerMas	✓	

JOB TYPE long string HOLE SIZE 6" HOLE DEPTH 420' CASING SIZE & WEIGHT 2 7/8" EUE  
CASING DEPTH 403' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
DISPLACEMENT 2.33 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 58 sks OWC cement, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 2.33 bbls fresh water, pressured to 500 PSI, well held pressure for 30 min MIT, released pressure, washed up equipment.

*Handwritten initials/signature*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	on lease	MILEAGE		
5402	403'	casing footage		
5407	1/3 minimum	ton mileage		116.67
5502C	1 hr	80 vac		90.00
1120	58 sks	OWC cement		1090.40
1118B	100 #	Premium		21.00
4402	1	2 1/2" rubber plug		28.00
				7.55%
			SALES TAX	86.03
			ESTIMATED TOTAL	2462.10

completed

AUTHORIZATION Brian Buddle 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 for

## DRILL LOG

Operator License# API 15-121-29259-00-00

Operator Lease Name ABC

Address Well # I-19

Contractor JTC Oil, Inc. Spud Date 2/5/13 Cement  
2/15/13

Contractor License 32834 Location \_\_\_\_\_  
of \_\_\_\_\_

T.D. 420 T.D. of Pipe 403 \_\_\_\_\_ feet from  
\_\_\_\_\_

Surf. Pipe Size 6.5 \_Depth 20ft. \_\_\_\_\_ feet from \_\_\_\_\_

Kind of Well inj. County Miami

Thickness	Strata	From		To		Thickness	
Strata	From	To			Strata	From	To
3	soil	0	3	27	lime	123	150
5	clay	3	8	6	black shale		150
		156					
6	shale	3	8	23	lime	156	179
21	lime	14	35	4	coal	179	183
6	shale	35	41	13	lime	183	196
2	lime	41	43	30	shale	196	226
17	shale	43	60	1	lime	226	227
4	lime	60	64	105	shale	227	332

<b>34</b>	<b>shale</b>	<b>64</b>	<b>98</b>	<b>4</b>	<b>red bed</b>	<b>332</b>	<b>336</b>
<b>15</b>	<b>lime</b>	<b>98</b>	<b>113</b>	<b>2</b>	<b>shale</b>		<b>336</b>
						<b>338</b>	
<b>10</b>	<b>shale</b>	<b>113</b>	<b>123</b>	<b>4</b>	<b>lime</b>		<b>338</b>
						<b>342</b>	
				<b>3</b>	<b>shale</b>	<b>342</b>	<b>345</b>
				<b>2</b>	<b>oil sand</b>	<b>345-347</b>	<b>ok</b>
				<b>3</b>	<b>oil lime</b>	<b>347-350</b>	<b>ok</b>
				<b>3</b>	<b>oil sand</b>	<b>350-353</b>	<b>ok</b>
				<b>3</b>	<b>oil sand</b>	<b>353-356</b>	<b>vgood</b>
				<b>2</b>	<b>oil sand</b>	<b>356-358</b>	<b>vgood</b>
				<b>3</b>	<b>oil sand</b>	<b>358-361</b>	<b>good</b>
				<b>2</b>	<b>oil sand</b>	<b>361-363</b>	<b>vgood</b>
	<b>Broken shale/sand</b>			<b>1</b>	<b>oil sand/shale</b>	<b>363-364</b>	
				<b>9</b>	<b>lime</b>	<b>364-373</b>	
				<b>47</b>	<b>shale</b>	<b>373-420</b>	

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