



**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
---	---

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: _____ _____
---	--	--

*Quality Well Service, Inc.*

**Invoice**

**324 Simpson St.  
Pratt, KS 67124**

Date	Invoice #
1/30/2013	C-768

Bill To
Castle Resources Inc. P.O. Box 87 Schoenchen, KS 67667

*60120  
Dix #1  
SURFACE CEMENT*

P.O. No.	Terms	Lease Name
	Net	Dix #1

Description	Qty	Rate	Amount
Common	225	15.50	3,487.50T
Gel	4	20.50	82.00T
Calcium	8	53.00	424.00T
SFC 0-500'	1	600.00	600.00
Handling	237	2.10	497.70
.08 * sacks * miles	9,000	0.08	720.00
LMV	40	2.00	80.00
Pump Truck Mileage	40	8.00	320.00
Additional hours	10	100.00	1,000.00
Discount	599.03	-1.00	-599.03T
Discount	482.66	-1.00	-482.66
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Dix #1 Rice Co.			

*RJ  
3-1-13  
CWA 10415*

Thank You for your business!	<b>Subtotal</b>	\$6,129.51
	<b>Sales Tax (7.3%)</b>	\$247.80
	<b>Total</b>	\$6,377.31

# QUALITY WELL SERVICE, INC.

5820

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410  
Office / Fax 620-672-3663

Rich's Cell 620-727-3409  
Brady's Cell 620-727-6964

Date	1-28-13	Sec.	31	Twp.	18	Range	7	County	Price	State	KS	On Location	9:30 AM	Finish	11:00 AM
Lease	D.Y.		Well No.		1		Location 1/100'S, KS N 10 Grid SE 10 10								
Contractor	White Knight Drilling							Owner							
Type Job	Surface							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Hole Size	12 1/4		T.D.		331		Charge To								
Csg.	8 5/8		Depth		319		Costly Resources								
Tbg. Size			Depth				Street								
Tool			Depth				City				State				
Cement Left in Csg.	15 ft		Shoe Joint				The above was done to satisfaction and supervision of owner agent or contractor.								
Meas Line			Displace		19 3/4		Cement Amount Ordered 225 com 3% (C/L) 1000								

**EQUIPMENT**

Pumptrk	No.	8	Color	Common	225
Bulktrk	No.	10	Color	Poz. Mix	
Bulktrk	No.			Gel.	4
Pickup	No.			Calcium	8

**JOB SERVICES & REMARKS**

Rat Hole	Hulls
Mouse Hole	Salt
Centralizers	Flowseal
Baskets	Kot-Seal
D/V or Port Collar	Mud CLR 48
Ben 10 sts of 8 5/8 casing and trailing 1+	CFL-117 or CD110 CAF 38
	Sand
	Handling 237
	Mileage 40

**FLOAT EQUIPMENT**

Est circulation with mud pump	Guide-Shoe 10 hrs Additional	1,000.00
Started up and mixed 225 or and disp 19 3/4 hbl at 420 L	Centralizer	
	Baskets	
	AFU Inserts	
Shut in @ 300 ps	Float Shoe	
	Latch Down	

Cement did circulate		
	Pumptrk Charge	Surface
	Mileage	40
		Tax
		Discount
		Total Charge
X Signature	Thank You Troy A. [Signature]	

*Quality Well Service, Inc.*

**Invoice**

*324 Simpson St.  
Pratt, KS 67124*

Date	Invoice #
2/7/2013	C-777

Bill To
Castle Resources Inc. P.O. Box 87 Schoenchen, KS 67667

P.O. No.	Terms	Lease Name
	Net	Dix #1

Description	Qty	Rate	Amount
Common	120	15.50	1,860.00T
Poz	75	9.50	712.50T
Gel	7	20.50	143.50T
Flo-Seal	48.75	2.00	97.50T
Dry Hole Plug	1	45.00	45.00T
Plug	1	950.00	950.00T
Handling	202	2.10	424.20T
.08 * sacks * miles	7,800	0.08	624.00T
LMV	40	2.00	80.00T
Pump Truck Mileage	40	8.00	320.00T
Discount	788.51	-1.00	-788.51T
Dix #1 Rice Co.			

*6/120  
Dix  
plugging cement*

*pd  
3-4-13  
C# 16415*

Thank You for your business!	<b>Subtotal</b>	\$4,468.19
	<b>Sales Tax (7.3%)</b>	\$326.18
	<b>Total</b>	\$4,794.37

# QUALITY WELL SERVICE, INC.

5825

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410  
Office / Fax 620-672-3663

Rich's Cell 620-727-3409  
Brady's Cell 620-727-6964

Date <i>7-6-13</i>	Sec.	Twp.	Range	County <i>Rice</i>	State <i>KS</i>	On Location	Finish <i>9:00-4:30 PM</i>
Lease <i>Dix</i>	Well No. <i>1</i>		Location <i>Linn's 45 N to 610 3 1/4 E N-10</i>				
Contractor <i>White Knight Drilling</i>				Owner			
Type Job <i>Rotary plug</i>				To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size		T.D. <i>3350</i>		Charge To <i>Castle Resources</i>			
Csg.		Depth		Street			
Tbg. Size		Depth		City			
Tool		Depth		State			
Cement Left in Csg.		Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line		Displace		Cement Amount Ordered <i>195 sr 60/40 4 1/2 gal</i>			
<b>EQUIPMENT</b>				<i>W/F F/O</i>			
Pumptrk	No. <i>2</i>	<i>code</i>		Common <i>120</i>			
Bulktrk	No. <i>4</i>	<i>misc</i>		Poz. Mix <i>95</i>			
Bulktrk	No.			Gel. <i>7</i>			
Pickup	No.			Calcium			
<b>JOB SERVICES &amp; REMARKS</b>				Hulls			
Rat Hole <i>205x</i>				Salt			
Mouse Hole				Flowseal <i>48.75</i>			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
<i>1st plug @ 295' = 35 sr</i>				Sand			
<i>2nd plug @ 1050' = 35</i>				Handling <i>702</i>			
<i>3rd plug @ 700' = 35 sr</i>				Mileage <i>40</i>			
<i>4th plug @ 380' = 35 sr</i>				<b>FLOAT EQUIPMENT</b>			
<i>5th plug @ 60' = 25 sr and wire plug</i>				Guide Shoe			
<i>RIH = 30 sr</i>				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				<i>8 5/8 day hole plug</i>			
				Pumptrk Charge <i>Rotary Plug</i>			
				Mileage <i>40</i>			
Thank You				Tax			
X Signature <i>Robert J. [unclear]</i>				Discount			
				Total Charge			