



**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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	LB Exploration, Inc.
Well Name	Munk 1
Doc ID	1133969

All Electric Logs Run

Dual Induction
Compensated Neutron Density
Micro
Borehole Compensated Sonic

# ALLIED CEMENTING CO., LLC. 039248

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:

Oakley KS  
5-15-10

DATE <u>5-14-10</u>	SEC. <u>27</u>	TWP. <u>12</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>5:30pm</u>	JOB START <u>5:00am</u>	JOB FINISH <u>5:30am</u>
LEASE <u>munk</u>	WELL # <u>#1</u>	LOCATION <u>Oakley 95-14-125612</u>					
COUNTY <u>logan</u>		STATE <u>KS</u>					

OLD OR NEW (Circle one)

CONTRACTOR H2 #2

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 223'

CASING SIZE 8 5/8 DEPTH 222'

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. 15'

PERFS. \_\_\_\_\_

DISPLACEMENT 13.4

**EQUIPMENT**

PUMP TRUCK CEMENTER Fuzzy

# 423 HELPER Darren

BULK TRUCK

# 347 DRIVER Jerry

BULK TRUCK

# \_\_\_\_\_ DRIVER \_\_\_\_\_

**REMARKS:**

Cement did circulate

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Job complete @ 5:30am

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Thanks Fuzzy + crew

CHARGE TO: LB Exploration

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

To Allied Cementing Co., LLC.  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" for this service.

OWNER \_\_\_\_\_

**CEMENT**

AMOUNT ORDERED 165 com 390cc  
290gel

COMMON	<u>165</u>	@ <u>15.45</u>	<u>2549.25</u>
POZMIX		@ <u>20.80</u>	
GEL	<u>3</u>	@ <u>20.80</u>	<u>62.40</u>
CHLORIDE	<u>6</u>	@ <u>58.20</u>	<u>349.20</u>
ASC		@ _____	
		@ _____	
		@ _____	
		@ _____	
		@ _____	
		@ _____	
		@ _____	
HANDLING	<u>174</u>	@ <u>2.40</u>	<u>417.60</u>
MILEAGE	<u>10 x 5K mile</u>		<u>312.00</u>
	<u>minimum</u>		
TOTAL			<u>3690.00</u>

**SERVICE**

DEPTH OF JOB	<u>222'</u>		
PUMP TRUCK CHARGE			<u>1088.00</u>
EXTRA FOOTAGE		@ _____	
MILEAGE	<u>10</u>	@ <u>7.00</u>	<u>70.00</u>
MANIFOLD		@ _____	
		@ _____	
		@ _____	
TOTAL			<u>1088.00</u>

**PLUG & FLOAT EQUIPMENT**

	@ _____	
	@ _____	
	@ _____	
	@ _____	
	@ _____	
TOTAL		_____

SALES TAX (If Any) \_\_\_\_\_

# ALLIED CEMENTING CO., LLC.

039255

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

Federal Tax I.D.# 20-5975804

SERVICE POINT:  
Oakley KS

DATE 5-22-10	SEC. 27	TWP. 12	RANGE 32w	CALLED OUT	ON LOCATION 4:00am	JOB START 11:30pm	JOB FINISH 12:00am
LEASE Munk	WELL # #1	LOCATION Oakley 95-1w-1125			COUNTY hogan	STATE KS	
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)				C.R.			

CONTRACTOR H242  
 TYPE OF JOB PTA  
 HOLE SIZE 7 7/8 T.D. 4750'  
 CASING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE 4"2 DEPTH 2515'  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_

OWNER \_\_\_\_\_  
 CEMENT  
 AMOUNT ORDERED 220 sacks 60140  
490 sack 114810 sack

EQUIPMENT  
 PUMP TRUCK CEMENTER  
 # 431 HELPER Kelly  
 BULK TRUCK  
 # 347 DRIVER Ruzy  
 BULK TRUCK  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

COMMON	132	@	15.45	2039.4
POZMIX	88	@	8.00	704.00
GEL	8	@	20.00	166.40
CHLORIDE		@		
ASC		@		
		@		
<u>Plosal</u>	<u>55#</u>	@	<u>2.50</u>	<u>137.50</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	230	@	2.40	552.00
MILEAGE	<u>110.45K mile</u>			<u>312.00</u>
	(minimum)			
TOTAL				<u>3911.30</u>

REMARKS:  
25 sacks @ 2515'  
100 sacks @ 1545'  
40 sacks @ 275'  
10 sacks @ 40' w/plus  
30 sacks RH  
15 sacks mtl  
Job complete @ 12:00am  
Thanks Ruzy crew

SERVICE

DEPTH OF JOB	2515'		
PUMP TRUCK CHARGE			1185.00
EXTRA FOOTAGE		@	
MILEAGE	10	@	70.00
MANIFOLD		@	
		@	
		@	
TOTAL			<u>1255.00</u>

CHARGE TO: HB Exploration  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

1 8 1/2 Dry hole	@	
plug	@	40.00
	@	
	@	
	@	
TOTAL		<u>40.00</u>

To Allied Cementing Co., LLC.  
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL CONDITIONS" listed on the contract.

SALES TAX (If Any) \_\_\_\_\_