



**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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Form	ACO1 - Well Completion
Operator	High Bluff Operating LLC
Well Name	MORRIS KRUG 1
Doc ID	1136723

Tops

Name	Top	Datum
Anhydrite	2598	506
Heebner	4003	899
toronto	4020	916
Lansing	4044	940
Muncie Creek	4180	1076
KC	3270	1166
BAsE KC	4328	1224
Marmaton	4358	1254
Pawnee	4462	1358
FT Scott	4526	1422
Cherokee	4557	1453

# Terry

## ALLIED OIL & GAS SERVICES, LLC 056219

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

*Oakley*

DATE <i>6-19-12</i>	SEC <i>19</i>	TWP <i>10</i>	RANGE <i>32</i>	CALLED OUT	ON LOCATION	JOB START <small>per</small> <i>10:30</i>	JOB FINISH <i>11:00 AM</i>
LEASE <i>Morris Krag</i>		WELL # <i>1</i>	LOCATION <i>Oakley 83 #wrs N To Rd C</i>			COUNTY <i>Thomas</i>	STATE <i>Ks.</i>
OLD OR (NEW) (Circle one)			<i>3 1/2 W N into</i>				

CONTRACTOR *HA #3* OWNER *Same*

TYPE OF JOB *Surface*

HOLE SIZE <i>12 1/4</i>	T.D. <i>433</i>	CEMENT
CASING SIZE <i>8 5/8</i>	DEPTH <i>433.17</i>	AMOUNT ORDERED <i>265 SKS Com 3% CC</i>
TUBING SIZE	DEPTH	<i>2% Gel</i>

DRILL PIPE	DEPTH	COMMON <i>265 SKS</i>	@ <i>\$16.25</i>	<i>\$4306.25</i>
TOOL	DEPTH	POZMIX	@	
PRES. MAX	MINIMUM	GEL <i>5 SKS</i>	@ <i>\$21.25</i>	<i>\$106.25</i>
MEAS. LINE	SHOE JOINT	CHLORIDE <i>9 SKS</i>	@ <i>\$58.20</i>	<i>\$523.80</i>
CEMENT LEFT IN CSG. <i>15'</i>		ASC	@	
PERFS.			@	
DISPLACEMENT <i>26.63</i>			@	

**EQUIPMENT**

PUMP TRUCK CEMENTER <i>Drew Rosette</i>				
# <i>423-281</i>	HELPER <i>Tyler Flipse</i>			
BULK TRUCK				
# <i>396-306</i>	DRIVER <i>Brandon Wilkison</i>			
BULK TRUCK				
#	DRIVER			
		HANDLING <i>286.50</i>	@ <i>\$2.10</i>	<i>\$610.73</i>
		MILEAGE <i>13.08 x 8 x</i>	@ <i>\$2.35</i>	<i>\$245.88</i>
				<b>TOTAL \$5792.88</b>

**REMARKS:**

*Mix 265 SKS Cement  
Displace with water  
Cement did circulate*

**SERVICE**

DEPTH OF JOB <i>433</i>		
PUMP TRUCK CHARGE		<i>\$1125.00</i>
EXTRA FOOTAGE <i>1.33</i>	@ <i>.95</i>	<i>\$126.35</i>
MILEAGE <i>8</i>	@ <i>7.00</i>	<i>\$56.00</i>
MANIFOLD <i>Head</i>	@	<i>\$200.00</i>
<i>LV mileage</i>	@ <i>4.00</i>	<i>\$32.00</i>
	@	
		<b>TOTAL \$1539.35</b>

CHARGE TO: *High Bluff Operating LLC*  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

<i>1 Surface Plug</i>	@	<i>\$92.00</i>
	@	
	@	
	@	
	@	
		<b>TOTAL \$92.00</b>

To: Allied Oil & Gas Services, 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" listed on the reverse side.

SALES TAX (if Any) \_\_\_\_\_  
TOTAL CHARGES *7,424.28*  
DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

PRINTED NAME \_\_\_\_\_  
SIGNATURE *Terry*

## DRILL STEM DATA

**DST NO. 1:**(4068' – 4094'), Lansing "B" – note E-Log depths(4060'-4086')

Type: Conventional Bottom Hole, Times: 45-30-30-60

Blows: IF – Slow build to 8 ¾" at end of period.

FF – To 4 ½".

SI's – No blowback.

<u>PERIOD</u>	<u>PSI</u>
IH	2006
IF	20 - 130
ISI	1192
FF	136 - 179
FSI	1193
FH	1945

BHT 125 deg. F.

RECOVERY: Total fluid 340' of mud cut water, no show.

Sample Chamber: 240 PSI, 170 ml mud, 1830 ml water, Rw 0.124 Ohms, 56,000 ppm Cl.

**DST NO. 2:**(4116' – 4180'), Lansing "C", "F" & "G", Note E-Log depths(4105'-4170').

Type: Conventional Bottom Hole, Times: 15-30-15-30

Blows: IF – Bottom of bucket in 55 seconds.

FF – Bottom of bucket in 80 seconds.

SI's – No blowback.

<u>PERIOD</u>	<u>PSI</u>
IH	2069
IF	307 - 786
ISI	1207
FF	810 - 1031
FSI	1208
FH	1984

BHT 126 deg. F.

RECOVERY: 2240' of water and mud cut water.

Sample Chamber: 210 PSI, 2400 ml water. Rw 0.112 Ohms at 73.1 deg. F., 68,000 ppm Cl.

**DST NO. 3:**(4225' – 4250'), Lansing "I", Note E-Log depths(4214'-4240').

Type: Conventional Bottom Hole, Times: 15-30-15-30

Blows: IF – Weak intermittent surface blow.

FF – Surface bubbles to no blow

SI's – No blowback.

<u>PERIOD</u>	<u>PSI</u>
IH	2108
IF	17 - 21

ISI 1035  
FF 23 - 26  
FSI 1032  
FH 2054

BHT 118 deg. F.

RECOVERY: 15' of mud with a trace of oil.

Sample Chamber: 140 PSI, 200ml mud, trace oil.