



**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
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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: \_\_\_\_\_



1136756

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	H & D Exploration LLC
Well Name	Roth A 1
Doc ID	1136756

Tops

Name	Top	Datum
Anhydrite	1007	+ 1003
Base anhydrite	1034	+ 976
Heebner	3350	-1340
Toronto	3372	-1362
Douglas	3382	1372
Brown Lime	3436	-1426
Langsing	3446	-1436
BKC	3681	1671
Arbuckle	3763	-1753
Simpson sand	3757	1747



# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025  
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 8178

Date	11-1-12	Sec.	35	Twp.	20	Range	16	County	Pawnee	State	Ks	On Location		Finish	5:15 PM
Lease	Roth A		Well No.	1		Owner	N/Intro								
Contractor	Southwin		#4	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.											
Type Job	Surface		Charge To H + D Exploration												
Hole Size	12 1/4"		T.D.	995'		Street									
Csg.	8 5/8"		Depth	995'		City State									
Tbg. Size			Depth	City State											
Tool			Depth	The above was done to satisfaction and supervision of owner agent or contractor.											
Cement Left in Csg.			Shoe Joint	45.95'		Cement Amount Ordered 400 Sx Common 3% C/S									
Meas Line			Displace	60 1/2 BLS		2% Gel									
<b>EQUIPMENT</b>						Common									
Pumptrk	16	No.	Cementer	Travis		Poz. Mix									
			Helper												
Bulktrk	4	No.	Driver	Lonnie W		Gel.									
			Driver												
Bulktrk	P.U.	No.	Driver	Rick		Calcium									
			Driver												
<b>JOB SERVICES &amp; REMARKS</b>						Hulls									
Remarks:	Cement did		Circuit		Salt										
Rat Hole	Flowseal														
Mouse Hole	Kol-Seal														
Centralizers	Mud CLR 48														
Baskets	CFL-117 or CD110 CAF 38														
D/V or Port Collar	Sand														
	Handling														
	Mileage														
<b>FLOAT EQUIPMENT</b>															
	Guide Shoe														
	Centralizer														
	Baskets														
	AFU Inserts														
	Float Shoe														
	Latch Down														
	1 - Baffle plate														
	1 - Rubber plug														
	Pumptrk Charge														
	Mileage														
	Tax														
	Discount														
	Total Charge														
X Signature	A. Achutz														



# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025  
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 0183

Date	11-8-12	Sec.	35	Twp.	20	Range	16	County	Pawnee	State	Ks	On Location		Finish	6:45 PM
Lease								Well No.		Owner					
Roth A								1		To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.					
Contractor								#4		Charge To					
Southwind										H+D Exploration					
Type Job										Street					
Plug										City					
Hole Size								T.D.		State					
7 7/8"								3840'							
Csg.								Depth		The above was done to satisfaction and supervision of owner agent or contractor.					
Tbg. Size								Depth		Cement Amount Ordered					
4 1/2" D.P.								3740'		200 5x 60/40 4% Gel					
Tool								Depth		Cement Line					
										Displace					
Cement Left in Csg.								Shoe Joint		H2O/mud					
										1/4 # Flo-seal					
EQUIPMENT								Common							
Pumptrk								No.		Cementer					
16										Helper					
Bulktrk								No.		Driver					
10										Travis					
Bulktrk								No.		Driver					
p.m.										Doug					
										Rick					
JOB SERVICES & REMARKS								Hulls							
Remarks:								Salt							
Rat Hole								Flowseal							
Mouse Hole								Kol-Seal							
Centralizers								Mud CLR 48							
Baskets								CFL-117 or CD110 CAF 38							
D/V or Port Collar								Sand							
3740' - 50 5x								Handling							
1020' - 50 5x								Mileage							
330' - 50 5x								FLOAT EQUIPMENT							
60' - 20 5x								Guide Shoe							
Rathole - 30 5x								Centralizer							
Cement did Circulate								Baskets							
								AFU Inserts							
								Float Shoe							
								Latch Down							
								Pumptrk Charge							
								Mileage							
								Tax							
								Discount							
X Signature								Total Charge							



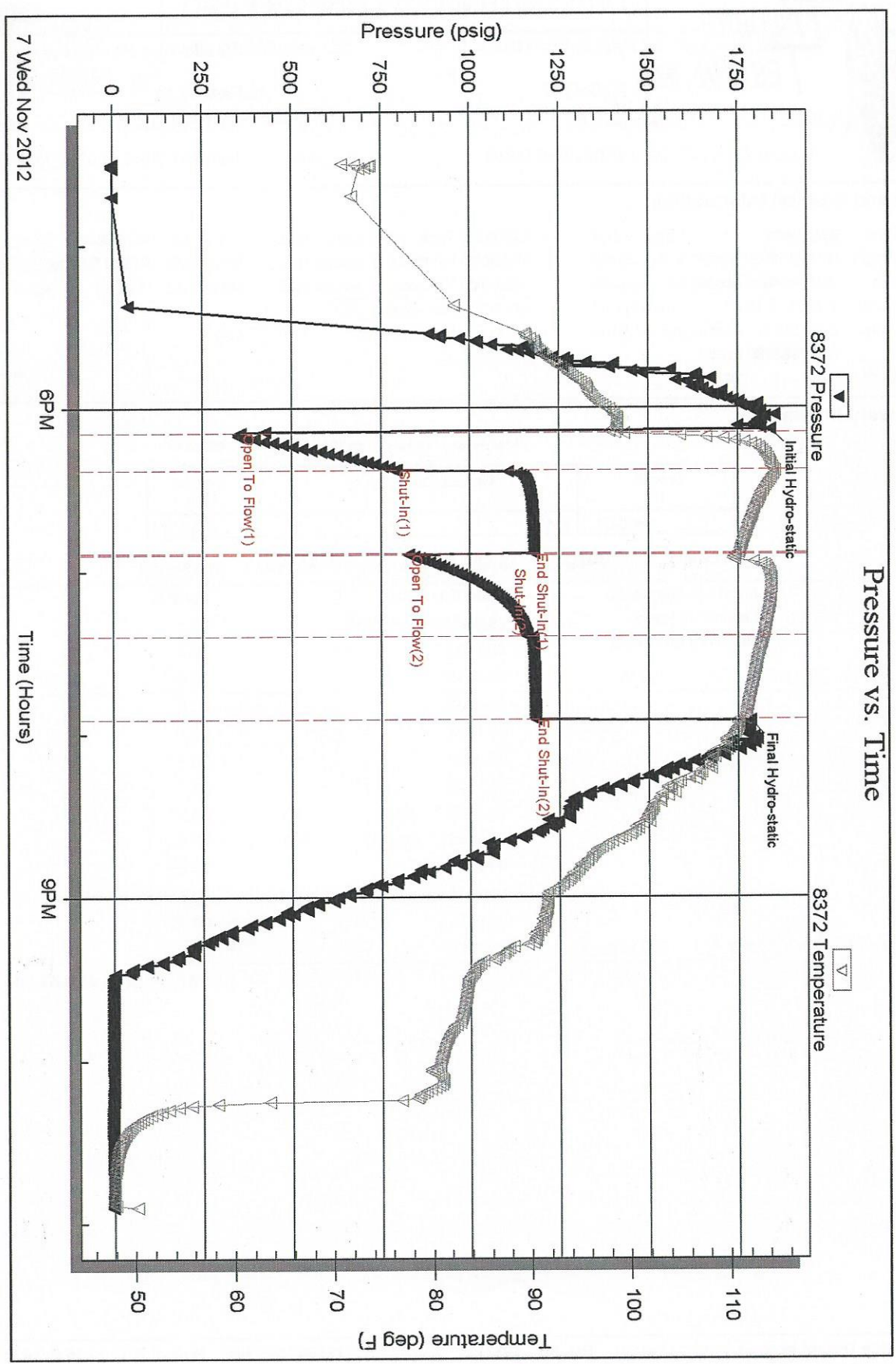
Serial #: 8372

Outside H&D Oil Exploration LLC

Roth A #1

DST Test Number: 1

### Pressure vs. Time

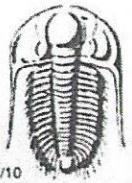


Trilobite Testing, Inc

Ref. No: 49371

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# TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

## Test Ticket

NO. 49371

Well Name & No. Roth A #1 Test No. 1 Date 11-7-12  
 Company W&D Exploration LLC Elevation 2010 KB 2003 GL  
 Address PO Box 387 Noisington Ks 67544  
 Co. Rep / Geo. Kurt Talbott Rig Southwind #4  
 Location: Sec. 35 Twp. 20s Rge. 16w Co. PAWNEE State Ks

Interval Tested 3650-3782 Zone Tested Nebrakls  
 Anchor Length 132 Drill Pipe Run 3658 Mud Wt. 9.5  
 Top Packer Depth 3645 Drill Collars Run 0 Vis 55  
 Bottom Packer Depth 3650 Wt. Pipe Run 0 WL 7.2  
 Total Depth 3782 Chlorides 6000 ppm System LCM 0

Blow Description FF BOB IN 1min.  
ISI NO RETURN  
FF BOB 1min  
ISI NO RETURN

Rec	Feet of	%gas	%oil	%water	%mud
<u>2600</u>	<u>MW</u>				
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 2600' BHT 111° Gravity 1150 API RW 26 @ 38 ° F Chlorides 50000 ppm

(A) Initial Hydrostatic 1840  Test 1150 T-On Location 15:28  
 (B) First Initial Flow 357  Jars T-Started 16:30  
 (C) First Final Flow 793  Safety Joint T-Open 18:09  
 (D) Initial Shut-In 1180  Circ Sub T-Pulled 19:54  
 (E) Second Initial Flow 828  Hourly Standby T-Out 22:55  
 (F) Second Final Flow 1162  Mileage 14025 217 Comments  
 (G) Final Shut-In 1183  Sampler  
 (H) Final Hydrostatic 1784  Straddle  Ruined Shale Packer  
 Shale Packer  Ruined Packer  
 Extra Packer  Extra Copies

Initial Open 15  
 Initial Shut-In 30  
 Final Flow 30  
 Final Shut-In 30  
 Sub Total 1367  
 Total 1367  
 MP/DST Disc't

Approved By \_\_\_\_\_ Our Representative [Signature]

Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.