



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: _____



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 Bbbs.	Gas Mcf	Water Bbbs.	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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Lease Name: Yoho	Spud Date: 12-26-2012	Surface Pipe Size: 8 1/2"	Depth: 40"	TD:1440
Operator: C&S Oil	Well #24 Yoho	Bit Diameter: 6 3/4"		
Footage taken	Sample type			
0_3	soil			
3_162	shale			
162_244	lime			
244_259	shale			
259_462	lime			
462_473	shale			
473_476	lime			
476_527	shale			
527_590	lime			
590_596	shale			
596_621	lime			
621_812	shale			
812_815	lime			
815_833	shale			
833_843	lime			
843_895	shale			
895_899	lime			
899_917	shale			
917_921	lime			
921_990	shale			
990_992	lime			
992_994	shale			
994_1001	oil sand broken			
1001_1021	shale			
1021_1023	1st cap			
1023_1025	shale			
1025_1026	2nd cap			
1026_1350	shale			
1350_1355	river ton shale			
1355_1364	shale			
1364_1373	hard lime			
1373_1377	soft lime oil			
1377_1379	hard lime			
1379_1389	soft lime oil			
1389_1440	lime			
	1440 TD			

Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765

Ticket Number 100196
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
12-28-12		Yoho # 24	26-23s-16E	Woodson
Customer C+S Oil		Mailing Address	City	State Zip

Job Type:	Longstring			Truck #	Driver
Hole Size:	6 3/4"	Casing Size:	4 1/2"	201	Kelly
Hole Depth:	1437'	Casing Weight:	10.516	202	Jerry
Bridge Plug:		Tubing:		106	Austin
Packer:		PBTD:	1430'	144-150	Rick

Quantity Or Units	Description of Services or Product	Pump charge	
			790.00
30	Mileage	\$3.25/Mile	97.50
157 SKKS	Quick SET cement	17.25	2708.25
785 lbs	KOL-SEAL 5" PPK	.55	431.75
400 lbs	Gel > Flush Ahead	.30	120.00
6 Hrs	water Truck	84.00	504.00
6 Hrs	water Transport	105.00	630.00
7500 GAL	water	13.00 PPK/1000	97.50
	Wireline Services	50.00	N/C
9.22 Tons	Bulk Truck > minimum charge	\$1.15/Mile	250.00
1	Plugs 4 1/2" Top Rubber	38.00	38.00
		Subtotal	5667.00
		Sales Tax	247.87
		Estimated Total	5914.87

Remarks: Rig up to 4 1/2" casing, Pumped 5 Bbl. water Ahead, 20 Bbl. Gel Flush, Circulated Gel around with 50 Bbls water
 To condition Hole, Pumped 10 Bbl. Dyewater Ahead, Mixed 157 SKS QuickSet cement w/ 5" PPK of KOL-SEAL.
 Shut down w/ Ashout Pump & Lines - Release Top Rubber Plug - Displaced plug with 22 3/4 Bbls water.
 Final Pumping @ 800 PSI - Bumped Plug to 1300 PSI, Release Pressure - Float Held.
 Close casing w/ 0 PSI Good cement returns with 8 Bbl Slurry

"Thank you"

Witnessed by Bob
 Customer Signature