



Confidentiality Requested:

Yes No

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1131157

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Shell Gulf of Mexico Inc.
Well Name	PREISSER 2509 8-1
Doc ID	1131157

Tops

Name	Top	Datum
Cherokee	3867	
Mississippi	3897	
Compton	3953	
Kinderhook	3966	
Woodford	4083	
Viola	4162	
Simpson Group	4249	
Simpson Shale	4269	
Arbuckle	4328	

SHELL GULF OF MEXICO, INC. (34574)	PREISSER 2509-8	
PETE MARTIN DRILLING (34645) (SET THE CONDUCTOR)	1 SWD conductor	1 SWD Mouse Hole
Call in DATE OF SPUD	11/16/2012	
spud in date	11/18/12	11/23/2012
T.D date	11/23/2012	11/26/2012
Size Hole Drilled	30"	20"
Size Caseing Set (in O.D)	18"	20"
conductor wall thickness	250	
Weight Lbs./Ft.	47.76	
Setting Depth	60'	75'
Type of Cement	Type 1/2 portland cement	Type 1/2 portland cement
Cubic yards of cement	6cy	4cy
2500 PSI Grout Mix	yes	yes
Type and Percent of Additives	15% fly ash	15% fly ash
Comments	0-28' Sand, 28-38' clay, 38-60' Sand. Water @ 22'	0-28' Sand, 28-38' clay, 38-60' Sand. Water @ 22'

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 17-JAN-13	F.R. # 1001958240	SERV. SUPV. James Kirkpatrick
LEASE & WELL NAME PREISSER 2509 #8-1 - API 15155216050000	LOCATION 8-25S-9W		COUNTY-PARISH-BLOCK Reno Kansas
DISTRICT McAlester	DRILLING CONTRACTOR RIG #		TYPE OF JOB Surface

SIZE & TYPE OF PLUGS	LIST-CSG-HARDWARE	MECHANICAL BARRIERS	MD	TVD	HANGER TYPES	MD	TVD
9-5/8" Top Cem Plug, Nitrile cvr, Phe	No Shoe, Cust Sup						

MATERIALS FURNISHED BY BJ	LAB REPORT NO.	PHYSICAL SLURRY PROPERTIES						
		SACKS OF CEMENT	SLURRY WGT PPG	SLURRY YLD FT	WATER GPS	PUMP TIME HR:MIN	Bbl SLURRY	Bbl MIX WATER
Classc0.01%staticfree2%cacl20.25ppscelloflake		100	14.8	1.35	6.34	02:45	25	15.73
H2O			8.34				35.5	
H2O			8.34				20	

Available Mix Water <u>100</u> Bbl.	Available Displ. Fluid <u>300</u> Bbl.	TOTAL	<u>80.5</u>	<u>15.73</u>
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HOLE			TBG-CSG-D.P.						COLLAR DEPTHS			
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
12.25		510	8.921	9.625	36	CSG	503	503	J-55	503	458	

LAST CASING				PKR-CMT RET-BR PL-LINER				PERF. DEPTH		TOP CONN		WELL FLUID	
ID	OD	WGT	TYPE	MD	TVD	BRAND & TYPE	DEPTH	TOP	BTM	SIZE	THREAD	TYPE	WGT.
18.	18	47.		60	60					9.625	8RD	WATER BASED MU	8.9

DISPL. VOLUME		DISPL. FLUID		CAL. PSI	CAL. MAX PSI	OP. MAX	MAX TBG PSI		MAX CSG PSI		MIX WATER
VOLUME	UOM	TYPE	WGT.	BUMP PLUG	TO REV.	SQ. PSI	RATED	Operator	RATED	Operator	
35.5	BBLS	H2O	8.34	200					2815	1525	RIG

EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: NO PROBLEMS

PRESSURE/RATE DETAIL						EXPLANATION	
TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>	
	PIPE	ANNULUS				TEST LINES 2500 PSI	
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
22:10	3675				H2O	TEST PUMPS AND LINES, START H2O SPACER AHEAD	
22:15	120		3.4	20	H2O	PUMP H2O AHEAD, START CEMENT @ 14.8#	
22:25	310		3.3	15	CEMENT	PUMP 15 BBL CEMENT, SHUT DOWN, RECIRC LINE CLOGGED, WORK TO GET IT UNCLOGGED, START BACK ON CEMENT	
22:40	145		2.5	25	CEMENT	PUMP @ 25 BBL CEMENT, SHUT DOWN, RECIRC LINE CLOGGED, WORK TO UNCLOG LINE	
23:15	300		4	25	CEMENT	UNCLOG LINE, TRY TO START CEMENT, DE-AIREATOR SYSTEM FOR TUB CAUSING PROBLEMS WITH DRY CEMENT DELIVERY, SHUT DOWN TRY TO CLEAN LINE. COULD NOT GO BACK TO PUMPING CEMENT	
00:10						DECISION WAS MADE TO DROP PLUG AND TRY TO CIRCULATE CEMENT TO SURFACE	
00:15	150		3		H2O	PLUG AWAY, PUMP DISPLACEMENT	
00:30	150		3	35.5	H2O	PUMP DISPLACEMENT, BUMP PLUG, HOLD FOR 10 MINUTES, BLEED PRESSURE OFF, FLOAT HOLDING	
						NO CEMENT RETURNS TO SURFACE, THE DECISION WAS MADE TO DO TOP OUT CEMENT JOB	
08:20	35		1	10	CEMENT	RIG UP FOR TOP OUT AND PUMP TOP OUT CEMENT, 10 BBL PUMPED, CALCULATED FOOTAGE OF CEMENT FROM SURFACE, @ 85', 10 BBL PUMPED TO ACHIEVE CEMENT RETURNS TO SURFACE	
						CLASS C CEMENT + 0.01% STATIC FREE + 2% CaCl2 + 0.25 PPS CELLOFLAKE	
						THANK YOU FOR USING BAKER HUGHES, JIM AND CREW	

CEMENT JOB REPORT



PRESSURE/RATE DETAIL						EXPLANATION																	
TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>																	
	PIPE	ANNULUS				TEST LINES 2500 PSI																	
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">BUMPED PLUG</th> <th style="width: 10%;">PSI TO BUMP PLUG</th> <th style="width: 10%;">TEST FLOAT EQUIP.</th> <th style="width: 10%;">BBL.CMT RETURNS/ REVERSED</th> <th style="width: 10%;">TOTAL BBL. PUMPED</th> <th style="width: 10%;">PSI LEFT ON CSG</th> <th style="width: 10%;">SPOT TOP OUT CEMENT</th> <th style="width: 40%;">SERVICE SUPERVISOR SIGNATURE:</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> Y <input type="checkbox"/> N</td> <td style="text-align: center;">150</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Y <input type="checkbox"/> N</td> <td style="text-align: center;">7</td> <td style="text-align: center;">80.5</td> <td style="text-align: center;">0</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Y <input type="checkbox"/> N</td> <td></td> </tr> </tbody> </table>								BUMPED PLUG	PSI TO BUMP PLUG	TEST FLOAT EQUIP.	BBL.CMT RETURNS/ REVERSED	TOTAL BBL. PUMPED	PSI LEFT ON CSG	SPOT TOP OUT CEMENT	SERVICE SUPERVISOR SIGNATURE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	150	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	7	80.5	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
BUMPED PLUG	PSI TO BUMP PLUG	TEST FLOAT EQUIP.	BBL.CMT RETURNS/ REVERSED	TOTAL BBL. PUMPED	PSI LEFT ON CSG	SPOT TOP OUT CEMENT	SERVICE SUPERVISOR SIGNATURE:																
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	150	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	7	80.5	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N																	

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 25-JAN-13	F.R. # 1001960479	SERV. SUPV. Justin D Stamper
LEASE & WELL NAME PREISSER 2509 #8-1 - API 15155216050000	LOCATION 8-25S-9W		COUNTY-PARISH-BLOCK Reno Kansas
DISTRICT McAlester	DRILLING CONTRACTOR RIG # Nabors 180		TYPE OF JOB Intermediate

SIZE & TYPE OF PLUGS	LIST-CSG-HARDWARE	MECHANICAL BARRIERS	MD	TVD	HANGER TYPES	MD	TVD
7" Top Cem Plug, Nitrile cvr, Phen	Shoe PROVIDED BY CUSTOMER						

MATERIALS FURNISHED BY BJ	LAB REPORT NO.	PHYSICAL SLURRY PROPERTIES						
		SACKS OF CEMENT	SLURRY WGT PPG	SLURRY YLD FT	WATER GPS	PUMP TIME HR:MIN	Bbl SLURRY	Bbl MIX WATER
SEAL BOND			8.43				40	
15:85:8(POZ,C,GEL)+10%SALT+.5%SMS+4PPS KOLS		225	12.4	2.45	13.51		316	232.95
50:50:2(POZ,C,GEL)+4#KOLSL+.15%SMS+.3%FL52		95	14.2	1.32	5.66		22	12.61
WATER			8.34				170	
Available Mix Water <u>500</u> Bbl.		Available Displ. Fluid <u>500</u> Bbl.		TOTAL			<u>548</u>	<u>245.56</u>

HOLE			TBG-CSG-D.P.						COLLAR DEPTHS			
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
8.75		4360	6.366	7	23	CSG	4343	4343	L-80	4343	4310	

LAST CASING				PKR-CMT RET-BR PL-LINER				PERF. DEPTH		TOP CONN		WELL FLUID		
ID	OD	WGT	TYPE	MD	TVD	BRAND & TYPE		DEPTH	TOP	BTM	SIZE	THREAD	TYPE	WGT.
8.9	9.625	36		500	500				4600	4600	7	8RD	WATER BASED MU	9.2

DISPL. VOLUME		DISPL. FLUID		CAL. PSI	CAL. MAX PSI	OP. MAX	MAX TBG PSI		MAX CSG PSI		MIX WATER
VOLUME	UOM	TYPE	WGT.	BUMP PLUG	TO REV.	SQ. PSI	RATED	Operator	RATED	Operator	FRAC TANK
170.1	BBLS	WATER	8.34	800					5160	2500	FRAC TANK

EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: ARRIVE ON LOCATION, RIG UP, SAFETY MEETING

PRESSURE/RATE DETAIL						EXPLANATION					
TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>					
	PIPE	ANNULUS				TEST LINES 4500 PSI					
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>					
08:30						ARRIVE ON LOCATION					
10:30						SAFETY MEETING					
10:30	200				SEAL BON	SEAL BOND PUMPED BY RIG					
11:30	4500				WATER	TEST LINES, START LEAD SLURRY					
12:53	200		5	316	LEAD	FINISH LEAD, START TAIL					
13:00	100		3	22	TAIL	FINISH TAIL, SHUT DOWN, DROP PLUG, DISPLACE					
13:24	230		4	70	WATER	SLOW TO LOSS OF RETURNS					
14:03	800		2	100	WATER	BUMP PLUG, PRESSURE TO 1400 PSI					
14:23	0					BLEED OFF RECEIVED 1.5 BBLS BACK TO TRUCK					
						FLOATS HOLDING					
						THANK YOU FOR USING BHI					
						JUSTIN STAMPER AND CREW					

BUMPED PLUG	PSI TO BUMP PLUG	TEST FLOAT EQUIP.	BBL.CMT RETURNS/ REVERSED	TOTAL BBL. PUMPED	PSI LEFT ON CSG	SPOT TOP OUT CEMENT	SERVICE SUPERVISOR SIGNATURE:
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1500	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	70	545	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

Summary of Changes

Lease Name and Number: PREISSER 2509 8-1

API/Permit #: 15-155-21604-00-00

Doc ID: 1131157

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	0	503
Approved Date	01/24/2013	04/02/2013
CasingAdd_Type_PctPDF_2		See attached
CasingAdd_Type_PctPDF_3		See attached
CasingNumbSacksUsedPDF_2		100
CasingNumbSacksUsedPDF_3		320
CasingPurposeOfStringPDF_2		Surface
CasingPurposeOfStringPDF_3		Intermediate
CasingSettingDepthPDF_2		503
CasingSettingDepthPDF_3		4343

Summary of changes for correction 2 continued

Field Name	Previous Value	New Value
CasingSizeCasingSetP DF_2		9.625
CasingSizeCasingSetP DF_3		7
CasingSizeHoleDrilledP DF_2		12.25
CasingSizeHoleDrilledP DF_3		8.75
CasingTypeOfCementP DF_2		Class C
CasingTypeOfCementP DF_3		Class C
CasingWeightPDF_2		36
CasingWeightPDF_3		23
Completion Or Recompletion Date	11/23/2012	03/30/2013
Electric Log Run?	No	Yes
Electric Log Submitted Electronically?		Yes
Elogs_PDF		Triple Combo
Formation Top Source - Log	No	Yes

Summary of changes for correction 2 continued

Field Name	Previous Value	New Value
Liner Run?		No
Method Of Completion - Open Hole	No	Yes
Producing Formation	CONDUCTOR ONLY	N/A
Purchaser's Name	CONDUCTOR ONLY	
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1109696	../../../../kcc/detail/operatorEditDetail.cfm?docID=1131157
TopsDatum1		Attached
TopsDepth1		Attached
TopsName1	CONDUCTOR ONLY	Attached
Total Depth	60	4823
Tubing Packer At		4297
Tubing Record - Set At		4307
Tubing Size		4.5

Summary of Attachments

Lease Name and Number: PREISSER 2509 8-1

API: 15-155-21604-00-00

Doc ID: 1131157

Correction Number: 2

Attachment Name

PREISSER 2509 8-1 Conductor record

PREISSER 2509 8-1 Surface Cement rpt

PREISSER 2509 8-1 Intermediate Cement rpt

**CONFIDENTIAL****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 DistributionALT I II III Approved by: _____ Date: _____



CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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:

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- Deepening Re-perf. Conv. to ENHR Conv. to SWD
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- 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 #: _____

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Elevation: Ground: _____ Kelly Bushing: _____

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Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
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- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____