



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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QUALITY WELL SERVICE, INC.

5752

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	11-15-12	Sec.	1	Twp.	21	Range	14	County	Stafford	State	KS	On Location	5:30-6:30	Finish																
Lease	Marrison	Well No.	2-1		Location Great Bend KS 65 3 1/2 W 1/2 S w into																									
Contractor	Precision Drilling				Owner To Quality Well Service, 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 / RD				Charge To <u>Quest Energy</u>																									
Hole Size	12 1/4				T.D.																									
Csg.	8 5/8				Depth																									
Tbg. Size					Depth																									
Tool					Street																									
Cement Left in Csg.					City																									
Meas Line					State																									
				The above was done to satisfaction and supervision of owner agent or contractor																										
				Cement Amount Ordered <u>250 sq com 3% CC 2% gel</u>																										
EQUIPMENT																														
Pumptrk	No.	8		rody		Common 250																								
Bulktrk	No.	4		Brett		Poz. Mix																								
Bulktrk	No.			Heck		Gel. 3																								
Pickup	No.					Calcium 3																								
JOB SERVICES & REMARKS																														
Rat Hole	Hulls																													
Mouse Hole	Salt																													
Centralizers	Flowseal																													
Baskets	Kol-Seal																													
D/V or Port Collar	Mud CLR 48																													
<p>Run 115 of 8 5/8 and could not get pipe to bottom - hooked up with truck and tried to circulate down @ 2000 psi - could not get circulation Tear down so they could run 1" down back side and try to circulate</p>																														
																CFL-117 or CD110 CAF 38														
																Sand Handling														
																Mileage 10														
FLOAT EQUIPMENT																														
Guide Shoe																														
Centralizer																														
Baskets																														
AFU Inserts																														
Float Shoe																														
Latch Down																														
<p style="text-align: right;">109</p>																														
																Pumptrk Charge <u>Surface 2 / RD</u>														
																Mileage 10														
															Tax															
															Discount															
															Total Charge															

X Signature

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5754

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Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964 ✓

Date	11-20-12	Sec.	1	Twp.	21	Range	14	County	Stafford	State	KS	On Location		Finish	5:30-6:00
Lease	Morrison	Well No.	2-1		Location Great Bend, KS 5 S 3 1/2 W 1/2 S W. 1st										
Contractor	Precision Drilling #1							Owner							
Type Job	PTA							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Hole Size	12 1/4		T.D.												
Csg.	8 5/8		Depth												
Tbg. Size			Depth												
Tool			Depth												
Cement Left in Csg.			Shoe Joint												
Meas Line			Displace 2 1/4 bbl												
EQUIPMENT															
Pumptrk	No.	8	Cody		Common 180										
Bulktrk	No.	7	Mike		Poz. Mix 120										
Bulktrk	No.	4	Brett		Gel. 10										
Pickup	No.		Calcium												
JOB SERVICES & REMARKS															
Rat Hole	Hulls														
Mouse Hole	Salt														
Centralizers	Flowseal														
Baskets	Kol-Seal														
D/V or Port Collar	Mud CLR 48														
	CFL-117 or CD110 CAF 38														
	Sand														
	Handling 310														
	Mileage 10														
FLOAT EQUIPMENT															
	Guide Shoe														
	Centralizer														
	Baskets														
	AFU Inserts														
	Float Shoe														
	Latch Down														
Thank You!!!															
	Pumptrk Charge PTA														
	Mileage 10														
	Tax														
	Discount														
	Total Charge														
X Signature															