



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 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> <input type="checkbox"/> Other (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Kent Drilling Co.

TELEPHONE 448-3762

GARNETT, KANSAS 66032

RADER OIL COMPANY

MC CANN (B) NO.4

12	Soil & clay	12	This well has 4" set @ 873.35 and cemented to surface.
26	Lime	38	
9	Blk. shale	47	839 to 844.50 very good oil sand, bleeding good, (top 3 inches light colored with a little water).
8	Lime	55	
8	Shale	63	844.50 to 846 sandy lime no oil.
18	Lime	81	
19	Shale	100	
76	Lime	176	
31	Shale	207	
8	Lime	215	
20	Shale	235	
7	Lime	242	
2	Shale	244	
9	Lime	253	
45	Shale	298	
27	Lime	325	
6	Shale	331	
23	Lime	354	
3	Shale	357	
5	Lime	362	
5	Shale	367	
8	Lime	375	
172	Shale	547	
8	Lime	555	
2	Shale	557	
2	Lime	559	
5	Shale	564	
4	Lime	568	
20	Shale	588	
4	Lime	592	
14	Shale	606	
5	Lime	611	
104	Shale	715	
8	Sandy shale	723	
112	Shale	835	
4	Sandy lime	839	
6	Oil sand	845	
4	Sandy lime	849	
31	Shale	880 T.D.	

CASING MECHANICAL INTEGRITY TEST

DOCKET # E-18461

Disposal Enhanced Recovery:

NW-09 NE SE, Sec 15, T 14 S, R 22 (E/W)

NW-09

Repressuring
Flood
Tertiary

GPS 2469 Feet from South Section Line
1078 Feet from East Section Line

Date injection started _____
API #15 - 091 - 20086

Lease McCanna B Well # 4
County Johnson

Operator: Kelly Company LC
Name & Address 9746 Pflumm Rd 30
Lenexa Ks 67215

Operator License # 31002
Contact Person John J McQueeney
Phone 913-599-1133

Max. Auth. Injection Press. _____ psi; Max. Inj. Rate _____ bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____
Conductor Surface Production Liner Size Tubing
Size _____ 4 1/2 _____ Size _____
Set at _____ 880 _____ Set at _____
Cement Top _____ 0 _____ Type _____
" Bottom _____ 880 _____
DV/Perf. _____ TD (and plug back) _____ ft. depth
Packer type _____ Size _____ Set at _____
Zone of injection 842 ft. to ft. 897 Perf. or open hole _____

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 20 Min. 40 Min. 60 Min.
I Pressures: 160 140 140 Set up 1 System Pres. during test _____
L Set up 2 Annular Pres. during test _____
D Set up 3 Fluid loss during test _____ bbls.

D Tested: Casing or Casing - Tubing Annulus
A The bottom of the tested zone is shut in with Fluid Depression Test

Test Date 2-14-2013 Using Midwest Survey Company's Equipment
The operator hereby certifies that the zone between 0 feet and 842 feet
was the zone tested Robert Paul Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____
State Agent Taylor C. Heruman Title PIET# Witness: Yes No _____
REMARKS: Fluid down 470' 842-470 = 372 x .43 = 159.9#

Origin. Conservation Div.; KDHE/T; Dist. Office;
 Computer Update 38.832482 - 94.949661 KCC Form U-7 6/84
NAP83