



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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

Shikels V-21
 API # 15-107-24759-00-00
 SPUD DATE 04-29-13

Footage	Formation	Thickness	Set 20' of 7"
11	Topsoil	11	TD 660'
53	shale	42	Ran 657' of 2 7/8 on 04-30-13
60	lime	7	
67	shale	7	
102	lime	35	
109	shale	7	
155	lime	46	
332	shale	177	
352	lime	20	
413	shale	61	
420	lime	7	
432	shale	12	
437	lime	5	
465	shale	28	
472	lime	7	
494	shale	22	
500	lime	6	
533	shale	33	
537	sand/shale	4	90% shale, 10% sand, little odor
539	sand	2	90% sand, 10% shale, good bleed
541	shale	2	no odor
543	sand/shale	2	80% shale, 20% sand, little odor
545	shale	2	no odor
547	sand/shale	2	little odor, 90% shale, 10% sand
552	sand	5	90% sand, 10% shale, good bleed
562	sand	10	70% sand, 30% shale, good bleed
564	shale	2	no odor
566	sand/shale	2	10% sand, 90% shale, little odor
574	sand	8	100% sand, good stuff
576	sand/shale	2	80 % shale, 20% sand, little odor
660	shale	84	no odor



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 41816
LOCATION Ottawa KS
FOREMAN Red Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTRY
4/29/13	8553	Towal Skilled V21	NE 25	R0	R1	LN

CUSTOMER		MAILING ADDRESS		CITY	
WEST Petroleum LLC		10939 N Alpha Hwy Ste 510		Highland	
STATE	ZIP CODE	DRILL PIPE	CASING DEPTH	JOB TYPE	HOLE SIZE
UT	84003	6571	6571	Long string	5 7/8

HOLE DEPTH	CASING SIZE & WEIGHT	OTHER	CEMENT LEFT IN CASING	WATER gals/k	MIX PSI	DISPLACEMENT PSI	SLURRY WEIGHT	DISPLACEMENT PSI	REMARKS:
625	2 7/8 Euf		327 P/B	5.3 B/M		3.63	14.5#/cu	3.63	Hold a row working. Establish circulation. Mix Pump 100* Get Flush. Mix Pump 98 sks 50/50 for Mix Cement 2% Get 2% Calcium Chloride Cement to surface. Flush Pump + lines clean. Displace 2 1/2" Rubber plug to battle in casing. Pressure to 800 PSI.

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Get Flush. Mix Pump 98 sks 50/50 for Mix Cement 2%
Get 2% Calcium Chloride Cement to surface. Flush
Pump + lines clean. Displace 2 1/2" Rubber plug to battle
in casing. Pressure to 800 PSI.

Hot Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5466	1	PUMP CHARGE	495	1085.00
5406	35	MILEAGE	495	14200
5402	657	Casing Footage	N/C	
5407	Minimum	Tom Miles		368.00
5502L	2 hrs	50 BBL Vac Truck		180.00
1124	98 sks	50/50 Por Mix Cement		1127.00
1186	273*	Premium Gel		60.00
1102	173*	Calcium Chloride		1349
1107	125*	F10 Seal		61.75
4402	1	2 1/2" Rubber Plug		29.50
SCANNED				
				69.03
				3282.28
				ESTIMATED TOTAL

AUTHORIZATION [Signature] TITLE ENG DATE 4-29-13
I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.