



**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: \_\_\_\_\_



1141476

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PO Box 93999  
Southlake, TX 76092

Voice: (817) 546-7282  
Fax: (817) 246-3361

# INVOICE

Invoice Number: 134509  
Invoice Date: Jan 17, 2013  
Page: 1

<b>Bill To:</b>
Wildcat Oil & Gas P O Box 40 Spivey, KS 67142

Now Includes:



Customer ID	Well Name# or Customer P.O.	Payment Terms	
Wild	Liebl #7	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Jan 17, 2013	2/16/13

Quantity	Item	Description	Unit Price	Amount
120.00	MAT	Class A Common	17.90	2,148.00
80.00	MAT	Pozmix	9.35	748.00
4.00	MAT	Gel	23.40	93.60
7.00	MAT	Chloride	64.00	448.00
214.88	SER	Cubic Feet	2.48	532.90
180.60	SER	Ton Mileage	2.60	469.56
1.00	SER	Surface	1,512.25	1,512.25
20.00	SER	Pump Truck Mileage	7.70	154.00
1.00	SER	Manifold Swedge Rental	275.00	275.00
20.00	SER	Light Vehicle Mileage	4.40	88.00
1.00	CEMENTER	Darin Franklin		
1.00	CEMENTER	Ron Gilley		
1.00	OPER ASSIST	Brandon Boor		

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$ 1293.86

ONLY IF PAID ON OR BEFORE  
Feb 11, 2013

Subtotal	6,469.31
Sales Tax	250.94
Total Invoice Amount	6,720.25
Payment/Credit Applied	
<b>TOTAL</b>	<b>6,720.25</b>

# ALLIED OIL & GAS SERVICES, LLC 059683

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999  
SOUTHLAKE, TEXAS 76092

SERVICE POINT:  
Medicine Lodge, KS

DATE <u>1-17-2013</u>	SEC. <u>27</u>	TWP. <u>34S</u>	RANGE <u>11W</u>	CALLED OUT	ON LOCATION	JOB START <u>8:30 am</u>	JOB FINISH <u>5:00 pm</u>
LEASE <u>Liebl</u>	WELL# <u>7</u>	LOCATION <u>281 &amp; Rattlesnake Rd, east to</u>			COUNTY <u>Bryker</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)				<u>Pr &amp; Dust Rd, north to curve, east to R3</u>		<u>1-01</u>	

CONTRACTOR <u>Hgrat #1</u>	OWNER <u>Wildcat Oil &amp; Gas</u>
TYPE OF JOB <u>Sid's Rec</u>	CEMENT
HOLE SIZE <u>12 1/4</u> T.D. <u>221'</u>	AMOUNT ORDERED <u>2005, 60140, 290 Gpi</u>
CASING SIZE <u>8 5/8</u> DEPTH <u>224'</u>	<u>3% bcc</u>
TUBING SIZE DEPTH	
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	
MEAS. LINE SHOE JOINT	
CEMENT LEFT IN CSG. <u>20'</u>	
PERFS.	
DISPLACEMENT <u>13 bbls of fresh water</u>	

COMMON	<u>120 SY #1 @ 17.90</u>	<u>2148.00</u>
POZMIX	<u>80 SY @ 9.35</u>	<u>748.00</u>
GEL	<u>4 SY @ 23.40</u>	<u>93.60</u>
CHLORIDE	<u>7 SY @ 64.00</u>	<u>448.00</u>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <u>214.88</u>	@ <u>248</u>	<u>532.90</u>
MILEAGE <u>9.03 x 2.10</u>		<u>402.50</u>
		<u>180.60</u>
		<b>TOTAL \$4440.00</b>

EQUIPMENT

PUMP TRUCK CEMENTER <u>Darin F.</u>	<u>1</u>
# <u>471-302</u> HELPER <u>Ron G.</u>	<u>1</u>
BULK TRUCK	
# <u>421-252</u> DRIVER <u>B. Gordon</u>	<u>3</u>
BULK TRUCK	
# _____ DRIVER	

**REMARKS:**

Pipe on bottom & break circulation pump  
3 bbls fresh water chaser mix 2005  
Cement, displacer 13 bbls fresh water  
Shut in, cement did circulate

**SERVICE**

DEPTH OF JOB <u>224</u>	
PUMP TRUCK CHARGE	<u>150.05</u>
EXTRA FOOTAGE @	
MILEAGE <u>23 @ 7.70</u>	<u>177.90</u>
MANIFOLD <u>Swissco &amp; US Pipe @</u>	<u>275.00</u>
<u>20 @ 4.40</u>	<u>88.00</u>
	@

CHARGE TO: Wildcat Oil & Gas

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL \$ 2089.95

**PLUG & FLOAT EQUIPMENT**

_____	@	
_____	@	
_____	@	
_____	@	
_____	@	

TOTAL \_\_\_\_\_

To: Allied Oil & Gas Services, LLC.  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) <u>250.94</u>	
TOTAL CHARGES <u>\$4440.31</u>	
DISCOUNT <u>1293.86</u>	IF PAID IN 30 DAYS

PRINTED NAME Scott C Adelhart

SIGNATURE [Signature]

Net \$ 5175.45

# INVOICE

PO Box 93999  
Southlake, TX 76092

Invoice Number: 134601  
Invoice Date: Jan 26, 2013  
Page: 1

Voice: (817) 546-7282  
Fax: (817) 246-3361

**Bill To:**

Wildcat Oil & Gas  
P O Box 40  
Spivey, KS 67142

Now Includes:



Customer ID	Well Name# or Customer P.O.	Payment Terms	
Wild	Liebl #7	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Jan 26, 2013	2/25/13

Quantity	Item	Description	Unit Price	Amount
24.00	MAT	Class A Common	17.90	429.60
16.00	MAT	Pozmix	9.35	149.60
2.00	MAT	Gel	23.40	46.80
125.00	MAT	Class H Premium	21.20	2,650.00
14.00	MAT	SMS	3.30	46.20
625.00	MAT	Kol Seal	0.98	612.50
6.00	MAT	Salt	26.35	158.10
14.00	MAT	Cla Pro	34.40	481.60
12.00	MAT	ASF	58.70	704.40
192.04	SER	Cubic Feet	2.48	476.25
165.90	SER	Ton Mileage	2.60	431.36
1.00	SER	Production Casing	2,765.75	2,765.75
20.00	SER	Pump Truck Mileage	7.70	154.00
1.00	SER	Manifold Head Rental	275.00	275.00
20.00	SER	Light Vehicle Mileage	4.40	88.00
1.00	EQP	5.5 Rubber Plug	85.41	85.41
1.00	EQP	5.5 Guide Shoe	280.80	280.80
1.00	EQP	5.5 AFU Insert	244.53	244.53
8.00	EQP	5.5 Scratchers	88.92	711.36
6.00	EQP	5.5 Centralizer	57.33	343.98
1.00	CEMENTER	Darin Franklin		

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
<b>TOTAL</b>	<b>Continued</b>

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$ 2,227.01

ONLY IF PAID ON OR BEFORE  
Feb 20, 2013



PO Box 93999  
Southlake, TX 76092

Voice: (817) 546-7282  
Fax: (817) 246-3361

# INVOICE

Invoice Number: 134601  
Invoice Date: Jan 26, 2013  
Page: 2

**Bill To:**

Wildcat Oil & Gas  
P O Box 40  
Spivey, KS 67142

Now Includes:



Customer ID	Well Name# or Customer P.O.	Payment Terms	
Wild	Liebl #7	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Jan 26, 2013	2/25/13

Quantity	Item	Description	Unit Price	Amount
1.00	EQUIP OPER	Scott Priddy		
1.00	OPER ASSIST	Brandon Boor		

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$

ONLY IF PAID ON OR BEFORE  
Feb 20, 2013

Subtotal	11,135.24
Sales Tax	506.98
Total Invoice Amount	11,642.22
Payment/Credit Applied	
<b>TOTAL</b>	<b>11,642.22</b>

# ALLIED OIL & GAS SERVICES, LLC 059687

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999  
SOUTHLAKE, TEXAS 76092

SERVICE POINT:  
Medicine Lodge, KS

DATE <u>1-26-2013</u>	SEC. <u>27</u>	TWP. <u>34S</u>	RANGE <u>11W</u>	CALLED OUT <u>9:00 am</u>	ON LOCATION <u>12:30pm</u>	JOB START <u>5:00pm</u>	JOB FINISH <u>6:00pm</u>
LEASE <u>Liebl</u>	WELL # <u>7</u>	LOCATION <u>2810 Rattlesnake Rd, 3 egs</u>		COUNTY <u>Berber</u>	STATE <u>KS</u>		
OLD OR <u>(NEW)</u> (Circle one)			North egs + into		<u>1-02</u>	<u>17.3</u>	

CONTRACTOR Hart #1  
 TYPE OF JOB Production  
 HOLE SIZE 7 1/8 T.D. 4898'  
 CASING SIZE 5 1/2 14 # DEPTH 4855'  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT 38'  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 119 bbls of 2% KCl water

OWNER Willcox Oil & Gas  
 CEMENT  
 AMOUNT ORDERED 40 sk 60.40:4% 60.14% 5ms, 12.55x class H + 10% 591d + 5# KCl sec

EQUIPMENT

PUMP TRUCK CEMENTER <u>Darin F</u> 1
# <u>058-355</u> HELPER <u>Scott P</u> 2
BULK TRUCK
# <u>356-290</u> DRIVER <u>Brendan B</u> 3
BULK TRUCK
# _____ DRIVER _____

COMMON <u>24</u>	@ <u>17.90</u>	<u>429.60</u>
POZMIX <u>16</u>	@ <u>9.35</u>	<u>149.60</u>
GEL <u>2</u> sk	@ <u>23.40</u>	<u>46.80</u>
CHLORIDE _____	@ _____	_____
ASC _____	@ _____	_____
# <u>125</u>	@ <u>21.20</u>	<u>2650.00</u>
<u>5ms 14 #</u>	@ <u>3.30</u>	<u>46.20</u>
<u>Kalscal 625 #</u>	@ <u>.98</u>	<u>612.50</u>
<u>Salt 3 sk</u>	@ <u>26.35</u>	<u>158.10</u>
<u>Clay 14 Gals</u>	@ <u>34.40</u>	<u>481.60</u>
<u>ASF 12 Bbls</u>	@ <u>58.70</u>	<u>704.40</u>
_____	@ _____	_____
HANDLING <u>192.04</u>	@ <u>2.48</u>	<u>476.25</u>
MILEAGE <u>8.29 / 20</u>	@ <u>2.60</u>	<u>431.36</u>
TOTAL		<u>6186.41</u>

**REMARKS:**

Pipe on bottom & break circulation, Pump  
 20 bbls KCl water, 3 bbls fresh water, 12 bbls  
 ASF, 3 bbls fresh water, mix 15% for patch hole  
 mix 25% 14# cement, mix 12.55x steel cement  
 shut down, wash pump & lines, pressure plus  
 slight displacement, lift pressure at 9.5 bbls  
 slow rate to 3bpm at 110 bbls, bump plus at  
 119 bbls 1,000-1500 psi, float did not hold

165.90

**SERVICE**

DEPTH OF JOB <u>4855'</u>		
PUMP TRUCK CHARGE <u>2765.75</u>		
EXTRA FOOTAGE _____	@ _____	_____
MILEAGE <u>20</u>	@ <u>7.70</u>	<u>154.00</u>
MANIFOLD <u>Pressure</u>	@ _____	<u>275.00</u>
<u>40 20</u>	@ <u>4.40</u>	<u>88.00</u>
_____	@ _____	_____

TOTAL 3282.75

CHARGE TO: Willcox Oil & Gas  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

<u>5 1/2</u>		
1- Rubber Plug	@	<u>85.41</u>
1- Guide Shoe	@	<u>280.80</u>
1- BFU Insert	@	<u>244.53</u>
5- JCRs & Chis	@	<u>88.92</u>
6- Conchors	@	<u>57.33</u>
_____	@ _____	_____

TOTAL 1666.08

To: Allied Oil & Gas Services, LLC.  
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) 506.97  
 TOTAL CHARGES 11,135.24  
 DISCOUNT 20% IF PAID IN 30 DAYS  
 Net 8908.19

PRINTED NAME X TIM PIERCE  
 SIGNATURE x Tim Pierce

Thank you!!!

02227.04