



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
---	---

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				

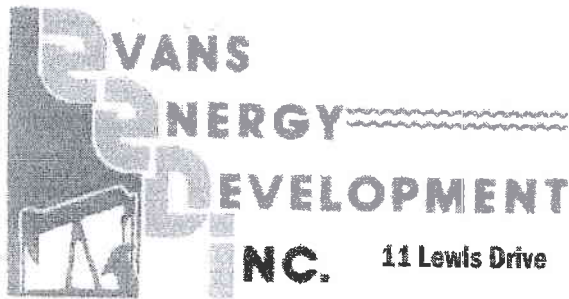
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	---	--



**EVANS  
ENERGY  
DEVELOPMENT  
INC.**

11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling  
Water Wells  
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

**WELL LOG**

L & P Enterprises, LLC

Donner #SW1

API#15-121-29,520

May 28 - May 29, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
11	scill & clay	11
19	lime	30
5	shale	35
11	lime	46
11	shale	57
26	lime	83
2	shale	85
4	lime	89
2	shale	91
20	lime	111
14	shale	125
2	lime	127
73	shale	200
17	lime	217
8	shale	225
12	sand	237 grey
12	shale	249
6	lime	255
35	shale	290
23	lime	313
6	shale	319
26	lime	345
7	shale	352
22	lime	374 oil show
8	shale	382
10	lime	392 base of the Kansas City
26	shale	418
4	oil sand	422 brown, good bleeding
2	broken sand	424 brown & grey, ok bleeding
5	sand	429 grey, no oil show
72	shale	501
9	oil sand	510 brown, good bleeding
49	shale	559
7	lime	566
5	shale	571
7	lime	578
18	shale	596
2	coal	598
6	shale	604
2	lime	606

6	shale	612
4	oil sand	616 brown & white, ok bleeding
9	shale	625
3	lime	628
15	shale	643
7	lime	650
40	shale	690
2	broken sand	692 brown & green, ok bleeding
1	oil sand	693 brown, ok bleeding
2	broken sand	695 brown & green, good bleeding
9	oil sand	704 brown, good bleeding
1	broken sand	705 brown & green, good bleeding
18	oil sand	723 brown, good bleeding
45	shale	768
1	coal	769
4	lime	773
17	shale	790
8	sand	798 green, no oil
10	shale	808
10	sand	818 green, no oil
2	shale	820
1	coal	821
4	shale	825
6	sand	831 grey, no oil
68	shale	899
3	oil sand	902 black & white, light oil show
30	shale	932
13	sand	945 white
17	silty shale	962
1	coal	963
3	shale	966
29	sand	995 white & brown, no oil show
11	silty shale	1006
54	sand	1060 tucker
9	shale	1069
3	sand	1072
1	shale	1073
3	sand	1076
6	shale	1082
5	lime	1087
11	shale	1098 TD

Drilled a 12" hole to 21.5'

Drilled a 6 3/4" hole to 1098'

Set 21.5' of 7" surface casing cemented with 8 sacks of cement

Set 1093' of 4 1/2" with 4 centralizers, 1 float shoe, 1 clamp



**CONSOLIDATED**  
Oil Well Services, LLC

259285

TICKET NUMBER 41959  
LOCATION Ottawa KS  
FOREMAN Fred Madar

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/29/13	4828	Danner # SW-1	NW 5	17	22	MI

CUSTOMER  
L & P Enterprises LLC  
MAILING ADDRESS  
29975 Indianapolis Rd  
CITY  
Paola STATE  
KS ZIP CODE  
660

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mad		
495	Nav Bar		
369	Dermas		
558	Wil Max		

JOB TYPE hang string HOLE SIZE 6 3/4 HOLE DEPTH 1098 CASING SIZE & WEIGHT 4 1/2  
CASING DEPTH 010920 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT In CASING 4 1/2" Plug  
DISPLACEMENT 17.33 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5BPM

REMARKS: Hold crew meeting. Establish pump rate. Mix Pump  
100# Gel Flush. Pump 12.3 BBL tell tale dye. Mix  
Pump 125 sks 50/50 Poz 2% Gel 1" Phen Seal /sk.  
Flush pump & lines clean. Displace 4 1/2" Rubber plug to  
casing TD. Pressure to 600# PSI. Release pressure to  
set float valve. Check Plug depth w/ wireline.  
Shut in casing.

Evans Energy Dev. Inc.

Fred Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	25 mi	MILEAGE	495	1085 <sup>00</sup>
5402	1092	Casing footage	495	105 <sup>00</sup>
5407	Minimum	Ton Miles		N/C
5502C	2 hrs	80 BBL Vac Truck	558	368 <sup>00</sup>
			369	180 <sup>00</sup>
1124	125 sks	50/50 Poz Mix Cement		
1118B	310#	Premium Gel		1437 <sup>50</sup>
1107A	125#	Pheno Seal		68 <sup>20</sup>
4404	1	4 1/2" Rubber Plug		168 <sup>75</sup>
				47 <sup>25</sup>
			7.55%	SALES TAX
				ESTIMATED TOTAL
				12999
				3589 <sup>69</sup>

Ravin 3737

AUTHORIZATION [Signature]

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

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.