



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



1149124

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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Johnson County, KS  
 Well: Mackey I-4  
 Lease Owner: DE Exploration

Town Oilfield Service, Inc.  
 (913) 837-8400

Commenced Spudding:  
 6/5/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
6	Soil-Clay	6
14	Sandstone	20
17	Sand and Sandy Shale	37
2	Lime	39
14	Shale	53
7	Lime	60
5	Sand and Sandy Shale	65
15	Lime	80
9	Shale	89
9	Lime	98
8	Sandy Shale	106
18	Lime	124
9	Shale	133
8	Sand	141
19	Lime	160
9	Sand and Sandy Shale	169
57	Lime	226
20	Shale	246
8	Lime	254
10	Sandy Shale	264
7	Shale	271
5	Lime	276
6	Lime	282
4	Shale	286
8	Lime	294
34	Shale	328
1	Lime	329
12	Shale	341
25	Lime	366
7	Shale	373
23	Lime	396
5	Shale	401
4	Lime	405
5	Shale	410
7	Lime	417
5	Shale	422
5	Sand	427
5	Sandy Shale	432
95	Shale	527
7	Sand	534



# Short Cuts

## TANK CAPACITY

BBLS. (42 gal.) equals  $D^2 \times .14 \times h$

D equals diameter in feet.

h equals height in feet.

## BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004

BPH - barrels per hour

PSI - pounds square inch

## TO FIGURE PUMP DRIVES

\* D - Diameter of Pump Sheave

\* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

\*C - Shaft Center Distance

D -  $RPM \times d$  over  $SPM \times R$

d -  $SPM \times R \times D$  over RPM

SPM -  $RPM \times D$  over  $R \times d$

R -  $RPM \times D$  over  $SPM \times d$

BELT LENGTH -  $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

\* Need these to figure belt length

TO FIGURE AMPS:  $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

# Log Book

Well No. 1-4

Farm Mackey

KS Johnson  
(State) (County)

28 14 22  
(Section) (Township) (Range)

For D.E. Exploration  
(Well Owner)

## Town Oilfield Services, Inc.

1207 N. 1st East  
Louisburg, KS 66053  
913-710-5400

July - 5 - 13 3:35 pm

Mackay Farm: Johnson County

KS State; Well No. 1-4

Elevation 1043

Commenced Spuding 6-5 2013

Finished Drilling 6-6 2013

Driller's Name David Weaver

Driller's Name

Driller's Name

Tool Dresser's Name Greg Paving

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name TOS

28 14 22

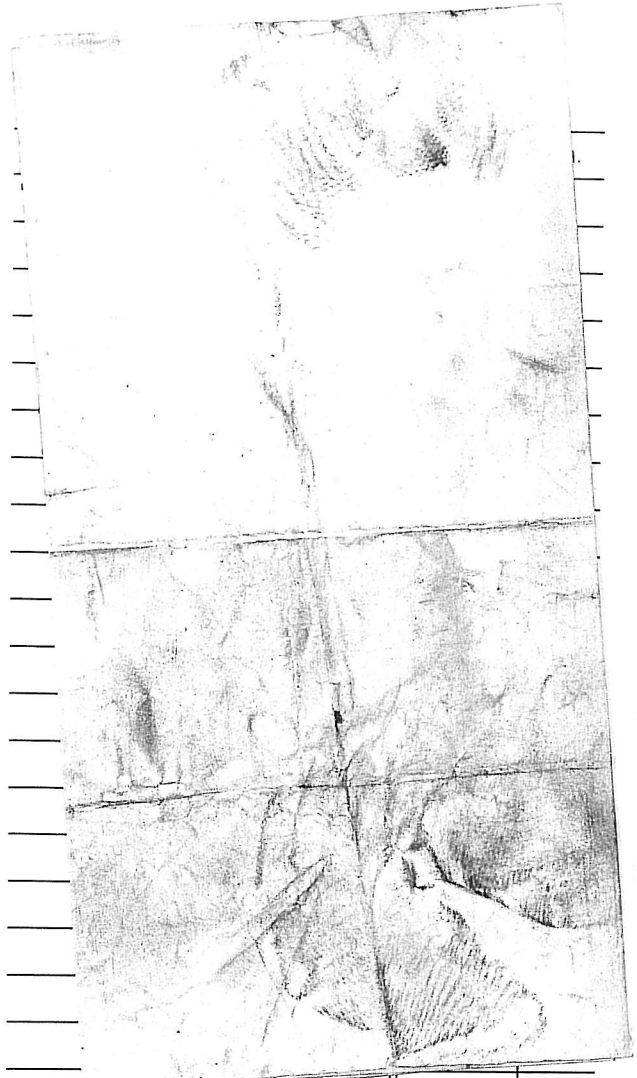
(Section) (Township) (Range)

Distance from S line, 3500 ft.

Distance from E line, 400 ft.

4 - Sacks  
CASING AND TUBING  
RECORD

10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_  
7.8" Set 22.5' 8" Pulled \_\_\_\_\_  
6 1/4" Set \_\_\_\_\_ 6 1/4" Pulled \_\_\_\_\_  
4" Set \_\_\_\_\_ 4" Pulled \_\_\_\_\_  
2 7/8" Set 945.00 2" Pulled \_\_\_\_\_  
913.90 Baffle  
940




Thickness of Strata	Formation	Total Depth	Remarks
6	soil / clay	6	
14	sand stone	20	
17	sand, shale & sand	37	
2	Lime	39	
14	shale	53	
7	Lime	60	
5	sand + sandy shale	65	
15	Lime	80	
9	shale	89	
9	Lime	98	
8	sandy shale	106	
18	Lime	124	
9	shale	133	
8	sand	141	
19	Lime	160	
9	sand + sandy shale	169	
57	Lime	226	
20	shale	246	
8	Lime	254	
10	sandy shale	264	
7	shale	271	
5	Lime + shale	276	
6	Lime	282	
4	shale	286	
8	Lime	294	
34	shale	328	
1	Lime	329	

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Thickness of Strata	Formation	Total Depth	Remarks
12	shale	341	
25	Lime	366	350-351 - little oil with some bleeding
7	shale	373	
23	Lime	396	
5	shale	401	
4	Lime	405	
5	shale	410	
7	lime	417	
5	shale	422	
5	sand	427	
5	sandy shale	432	
95	shale	527	
7	sand	534	
54	shale	588	
6	Lime	594	
3	shale	597	
3	Lime	600	
7	shale	607	
9	lime	616	
5	sandy shale	621	
10	shale	631	
3	lime	634	
7	shale	641	
4	Lime	645	
5	shale	650	
2	lime	652	
	shale	653	655 red bed



683

Thickness of Strata	Formation	Total Depth	Remarks
10	Limed shale	693	
7	sand	700	gray, no oil
13	sandy shale	713	
44	shale	757	
6	Broken sand	763	odor, very little oil
10	sandy shale	773	
14	shale	787	
3	lime	790	
7	shale	797	
6	sand	803	gray, no oil
31	shale	834	
5	sand	839	
4	sandy shale	843	
33	shale	876	
4	sand, lime	880	odor, very little oil
5	sand	885	oil sand, good bleed
2	Broken sand	887	with oil
10	sandy shale	897	
83	shale	980	TD



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 259360

Invoice Date: 06/10/2013 Terms: 0/0/30,n/30

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D.E. EXPLORATION  
DOUG EVANS  
P.O. BOX 128  
WELLSVILLE KS 66092  
(785) 883-4057

MACKEY I-4  
41965  
28-14-22  
06-06-2013  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	113.00	11.5000	1299.50
1118B	PREMIUM GEL / BENTONITE	290.00	.2200	63.80
1111	SODIUM CHLORIDE (GRANULA	219.00	.3900	85.41
1110A	KOL SEAL (50# BAG)	565.00	.4600	259.90
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
1401	HE 100 POLYMER	.50	47.2500	23.63

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	1085.00	1085.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
495 CASING FOOTAGE	945.00	.00	.00
510 MIN. BULK DELIVERY	1.00	368.00	368.00

Parts: 1761.74 Freight: .00 Tax: 132.58 AR 3473.32  
 Labor: .00 Misc: .00 Total: 3473.32  
 Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_ Date \_\_\_\_\_

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



**CONSOLIDATED**  
Oil Well Services, LLC

259360

TICKET NUMBER 41965

LOCATION Ottawa KS

FOREMAN Fred Madu

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
6-6-13	2355	Mackey # I. 4	NE 28	14	22	JO
CUSTOMER D E Exploration			TRUCK #			
MAILING ADDRESS P.O. Box 128			DRIVER			
CITY Wellsville			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66092			TRUCK #			
			DRIVER			

JOB TYPE \_\_\_\_\_ HOLE SIZE \_\_\_\_\_ HOLE DEPTH 980' CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 945' DRILL PIPE Baffle in TUBING @ 9 1/3" OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 32' + Plug  
 DISPLACEMENT 5.31 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 58 BPM

REMARKS: Hold crew meeting. Establish pump rate. Pump 1/2 Gal HE-100 Polymer + Circulate to condition hole. Mix Pump 100 # Gal Flush. Mix + Pump 113 SKS 50/50 Per Mix Cement 22 Gal 5% Salt 5# Kol Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to Baffle. Pressure to 800 PSI. Release pressure to set float valve. Shot in casing

Rig supplied H<sub>2</sub>O.  
TDS Drilling. Chod.

Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 <sup>00</sup>
5406	30m	MILEAGE	495	126 <sup>00</sup>
5402	<del>945</del> 30m	Casing footage		N/C
5407	Minimum	Ten Miles	510	368 <sup>00</sup>
1124	113 SKS	50/50 Per Mix Cement		1299 <sup>50</sup>
1118B	290 #	Premium Gel		63 <sup>00</sup>
1111	219 #	Granulated Salt.		85 <sup>21</sup>
1110A	565	Kol Seal		259 <sup>20</sup>
1402	1	2 1/2" Rubber Plug		29 <sup>50</sup>
14010	1/2 Gal	HE-100 Polymer		23 <sup>63</sup>
			75052	SALES TAX
				ESTIMATED
				TOTAL
				132.58
				3473.32

**Completed**

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.