



**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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Johnson County, KS  
 Well: Mackey I-11  
 Lease Owner: DE Exploration

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

Commenced Spudding:  
 6/4/2013

WELL LOG

Thickness of Strata	Formation	Total Depth
5	Soil-Clay	5
16	Sandstone	21
48	Sand and Sandy Shale	69
6	Lime	75
6	Shale	81
15	Lime	96
9	Shale	105
8	Lime	113
9	Sandy Shale	122
18	Lime	140
16	Shale	156
19	Lime	175
10	Shale	185
57	Lime	242
20	Shale	262
8	Lime	270
20	Shale	290
7	Lime	297
4	Shale	301
9	Lime	310
34	Shale	344
1	Lime	345
12	Shale	357
25	Lime	382
7	Shale	389
25	Lime	414
4	Shale	418
4	Lime	422
5	Shale	427
7	Lime	434
5	Shale	439
6	Sand	445
5	Sandy Shale	450
95	Shale	545
6	Sand	551
5	Sandy Shale	556
53	Shale	609
4	Lime	613
2	Shale	615
3	Lime	618



# Short Cuts

## TANK CAPACITY

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

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. 1-11

Farm Mackey

KS  
(State)

Johnson  
(County)

28  
(Section)

14  
(Township)

22  
(Range)

For DE Exploration  
(Well Owner)

## Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Brooke 6-5-13 3:25pm

Mackey Farm: Johnson County

KS State; Well No. 1-11

Elevation 1053

Commenced Spuding 6-4 20 13

Finished Drilling 6-5 20 13

Driller's Name Chad Wacuv

Driller's Name

Driller's Name

Tool Dresser's Name Greg Perry

Tool Dresser's Name

Tool Dresser's Name

Contractor's Name JCS

28 14 22

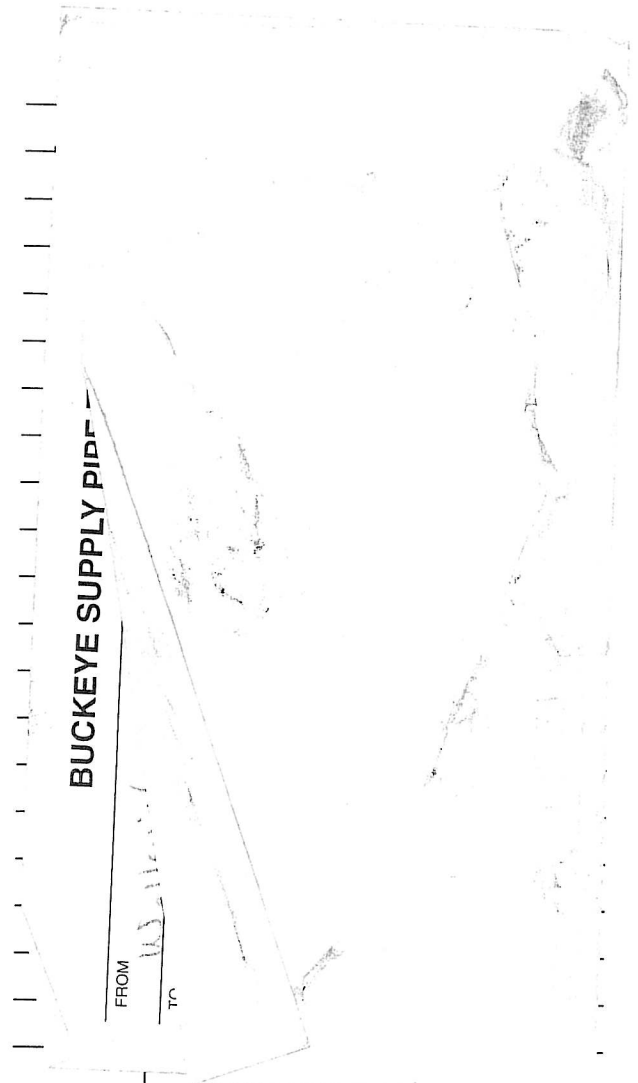
(Section) (Township) (Range)

Distance from S line, 2660 ft.

Distance from E line, 800 ft.

4 Sacks  
CASING AND TUBING  
RECORD

10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_  
7 7/8" Set 227' 1" 8" Pulled \_\_\_\_\_  
6 1/2" Set \_\_\_\_\_ 6 1/2" Pulled \_\_\_\_\_  
4" Set \_\_\_\_\_ 4" Pulled \_\_\_\_\_  
2 7/8" Set 962' 30" 2" Pulled \_\_\_\_\_  
930' 40" Baffle  
980

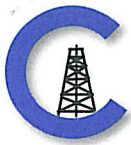



Thickness of Strata	Formation	Total Depth	Remarks
5	soil layer	5	
16	sandstone	21	
48	sand & sandy shale	69	
6	Lime	75	
6	shale	81	
15	Lime	96	
9	shale	105	Dark
8	Lime	113	
9	sandy shale	122	
18	Lime	140	
16	shale	156	
19	Lime	175	
10	shale	185	
57	Lime	242	
20	shale	262	
8	Lime	270	
20	shale	290	
7	Lime	297	
4	shale	301	
9	Lime	310	
34	shale	344	
1	Lime	345	
12	shale	357	
25	Lime	382	
7	shale	<del>389</del>	
25	Lime	414	
4	shale	418	

418			
Thickness of Strata	Formation	Total Depth	Remarks
4	lime	422	
5	shale	427	
7	lime	434	Mertha
5	shale	439	
6	sand	445	
5	sandy shale	450	
95	shale	545	
6	sand	551	
5	sandy shale	556	
52	shale	609	
4	lime	613	
2	shale	615	
3	lime	618	
6	shale	624	
6	lime	630	
4	sand	634	
3	sandy shale	637	
10	shale	647	
3	lime	650	
7	shale	657	
5	lime	662	
3	shale	665	
3	lime	668	
32	shale	700	red bed - 670'
2	lime	702	
8	shale	710	
2	lime	712	







**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 # 259358

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

Page 1

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

MACKEY I-11  
41904  
28-14-22  
06-05-2013  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	123.00	11.5000	1414.50
1118B	PREMIUM GEL / BENTONITE	307.00	.2200	67.54
1111	SODIUM CHLORIDE (GRANULA	258.00	.3900	100.62
1110A	KOL SEAL (50# BAG)	615.00	.4600	282.90
1401	HE 100 POLYMER	.50	47.2500	23.63
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Description	Hours	Unit Price	Total
548 MIN. BULK DELIVERY	1.00	368.00	368.00
666 CEMENT PUMP	1.00	1085.00	1085.00
666 EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	.00
666 CASING FOOTAGE	962.00	.00	.00

Parts: 1918.69 Freight: .00 Tax: 144.38 AR 3516.07  
 Labor: .00 Misc: .00 Total: 3516.07  
 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

259358

TICKET NUMBER 41904

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

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	
6/5/13	2355	Mackay # I-11	NE 28	14	22	JO	
CUSTOMER DE Exploration							
MAILING ADDRESS PO Box 128							
CITY Wellsville	STATE KS	ZIP CODE 66092					
		TRUCK #	DRIVER	TRUCK #	DRIVER		
		481	Casken				
		6666	Gar Moo				
		548	Wil Mat				

JOB TYPE Longstring HOLE SIZE 5 5/8" HOLE DEPTH 980' CASING SIZE & WEIGHT 2 7/8" EUE  
 CASING DEPTH 962' DRILL PIPE \_\_\_\_\_ TUBING baffle - 930' OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 30'  
 DISPLACEMENT 5.38 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 1/2 gal Polymer + 100 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 123 #s 50/50 Pozmix cement w/ 2 1/2 gal per sk, 5% salt + 5# Kalreal per sk, cement to surface, flushed pumps clean, pumped 2 1/2" rubber plug to baffle w/ 5.38 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

*Handwritten signature*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	on lease	MILEAGE		
5402	962'	casing footage		
5407	minimum	ton mileage		368.00
1124	123 #s	50/50 Pozmix cement		1414.50
1118B	307 #	Premium Gel		67.54
1111	258 #	Salt		100.62
1110A	615 #	Kalreal		282.90
1401	1/2 gal	Polymer		23.63
4402	1	2 1/2" rubber plug		29.50
				<b>completed</b>
SALES TAX				144.38
ESTIMATED TOTAL				3516.07

Ravin 3737

AUTHORIZATION Bryan Mills 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