



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: _____



1149369

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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
Name Top Datum

CASING RECORD New 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	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:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	_____ _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 41262

LOCATION Eureka

FOREMAN Steve Mead

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
1-25-13	6605	MANNschreck #11	32	325	17E	Coffey
CUSTOMER <u>Quest Development</u>						
MAILING ADDRESS <u>P.O. Box 413</u>						
CITY <u>Zola</u>		STATE <u>KS</u>	ZIP CODE <u>66749</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>485</u>	<u>Alan m.</u>		
			<u>479</u>	<u>Mark</u>		
			<u>83</u>	<u>Alan Greenwood (Mc Coy Trucking)</u>		

JOB TYPE <u>Logstring 0</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>1044'</u>	CASING SIZE & WEIGHT
CASING DEPTH <u>1033</u>	DRILL PIPE	TUBING <u>2 3/8</u>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT <u>6 bbls</u>	DISPLACEMENT PSI <u>600*</u>	<u>BUMP</u> MIX PSI <u>plug 1200*</u>	RATE

REMARKS: Safety Meeting! Rig up to 2 3/8 Tubing Break Circulation w/ Fresh water. Pump 200* Gel Flush, brought to surface w/ Pit water. Mix 125 Sk @ WC Cement w/ 1/2" phenoseal perisk. Shut down. Wash out pump & lines. STUFF 2 plugs. Displace w/ 6 bbls Freshwater. Final Pumping Pressure 600* Bump Plug 1200*. Wait 2 min Release Pressure Plug hole. Shut well in 0* Good Cement Returns to surface. 6 bbl to pit. Job Complete Rigdown

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	50	MILEAGE	4.00	200.00
1126	125 SKS	OWC Cement	18.80	2350.00
1107A	62*	Phenoseal 1/2" perisk	1.29	79.98
1118B	300*	Gel Flush	.21	63.00
5407A	6.5 Ton	Ton Mileage Bulk Truck	1.34	435.50
5502C	4 bbls	80 bbl Vacuum Truck	90.00	360.00
1123	3000 gallons	City Water	16.50/1000	49.50
4402	2	2 3/8 Tap Rubber Plug	28.00	56.00
			Sub Total	4623.98
			SALES TAX	163.21
			ESTIMATED TOTAL	4787.69

Ravin 3737

AUTHORIZATION

[Signature]

TITLE

256304

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.

Lease Name: Mannschreck	Spud Date: 1-24-2013	Surface Pipe Size: 7"	Depth: 40'	T.D.:1030
Operator: Quest Development	Well # 11	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_4	soil			
4_36	clay/gravel			
36_135	shale			
135_162	lime			
162_183	shale			
183_254	lime			
254_353	shale			
353_407	lime			
407_448	shale			
448_548	lime			
548_553	shale			
553_584	lime			
584_730	shale			
730_733	lime			
733_778	shale			
778_786	lime			
786_807	shale			
807_809	lime			
809_854	shale			
854_856	lime			
856_858	shale			
858_860	lime			
860_878	shale			
878_883	lime			
883_896	shale			
896_899	lime			
899_902	shale			
902_905	lime			
905_916	shale			
916_920	lime			
920_922	shale			
922_925	lime			
925_931	shale			
931_935	lime			
935_972	shale			
972_974	cap			
974_980	shale			
980_981	2nd cap			
981_985	oil sand			
985_990	badly broken sand			
990_1030	shale			
	1030 TD			