



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
<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 <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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Lease Name: Lehmann	Spud Date: 2-1-2013	Surface Pipe Size: 7"	Depth: 40'	TD: 1029
Operator: Quest Development	Well # 16	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_3	soil			
3_24	clay/gravel			
24_122	shale			
122_163	lime			
163_182	shale			
182_238	lime			
238_342	shale			
342_395	lime			
395_418	shale			
418_427	lime			
427_438	shale			
438_571	lime			
571_731	shale			
731_736	lime			
736_749	shale			
749_759	lime			
759_819	shale			
819_824	lime			
824_858	shale			
858_862	lime			
862_902	shale			
902_910	lime			
910_917	shale			
917_920	lime			
920_952	shale			
952_953	lime			
953_962	shale			
962_963	lime			
963_969	oil sand			
969_971	broken oil sand			
971_973	oil sand			
973_976	mostly shale			
976_979	oil sand			
979_1029	shale			
	1029 TD			



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 41256

LOCATION Eureka KS

FOREMAN Shannon Feck

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

FIELD TICKET & TREATMENT REPORT

CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-1-13	6605	Lehmann # 18				Coffey
CUSTOMER Quest Development						
MAILING ADDRESS P.O. Box 413						
CITY Iola		STATE KS	ZIP CODE 66749			
TRUCK #		DRIVER		TRUCK #		DRIVER
445		Dave G				
611		Joey K				
637		merle R				

JOB TYPE 4/5 HOLE SIZE 5 7/8" HOLE DEPTH 1028' CASING SIZE & WEIGHT _____
 CASING DEPTH 1018' b.l. DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 13.8 # SLURRY VOL 35 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0
 DISPLACEMENT 5.9 Bbl DISPLACEMENT PSI 400 MIX PSI 800 Bump Plug RATE Displace @ 1BPM

REMARKS: Safety Meeting, Rig up to 2 7/8" tubing, Break circulation, mix 300# gel flush, & brought to surface w/ pit water. Mixed 125 SKS o.w.c cement w/ 1/2# phenoseal/sk @ 13.8 #/gal. Shut down wash out pump & lines. Stuff, two plugs & displace w/ 5.9 Bbl water. Release pressure, plugs & float held. Good circulation @ all times. Final pumping pressure of 400 psi, bumped plugs @ 800 psi, 6-7 Bbl slurry to pit. Shut well in @ 0 psi. Job complete.

"Thanks Shannon & crew"

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	O.W.C cement	18.80	2350.00
1107A	62 #	Phenoseal @ 1/2#/sk	1.29	79.98
1118B	300 #	gel flush	.21	63.00
5407A	6.5 Tons	Ton mileage bulk Truck	1.34	435.50
5502C	4 Hours	80 Bbl Val Truck	90.00	360.00
1123	3000 gallons	City Water	16.50/1000	49.50
4402	2	2 7/8" Top Rubber Plugs	28.00	56.00
			Sub Total	4623.98
			6.3% SALES TAX	163.71
			ESTIMATED TOTAL	4787.69

Ravin 3737

AUTHORIZATION [Signature] TITLE 256064 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.