



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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Lease Name: Mannschreck	Spud Date: 1-22-2013	Surface Pipe Size: 7"	Depth: 40'	T.D.:1033
Operator: Quest Development	Well # 12	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_3	soil			
3_38	clay			
38_143	shale			
143_404	lime			
404_418	shale			
418_426	lime			
426_447	shale			
447_522	lime			
522_530	shale			
530_553	lime			
553_559	shale			
559_616	lime			
616_723	shale			
723_726	lime			
726_729	shale			
729_733	lime			
733_750	shale			
750_752	lime			
752_769	shale			
769_778	lime			
778_838	shale			
838_846	lime			
846_867	shale			
867_891	lime			
891_905	shale			
905_908	lime			
908_915	shale			
915_918	lime			
918_961	shale			
961_962	1st cap			
962_965	shale			
965_966	some sand			
966_974	free oil			
974_976	broken sand free oil			
976_978	badly broken sand			
978_1033	shale			
	1033 TD			



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 41245
LOCATION Eureka KS
FOREMAN Shannon Feck

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	
1-23-13	6605	Mannschreck #12				CoFFEy	
CUSTOMER Quest Development							
MAILING ADDRESS P.O. Box 413							
CITY Iola		STATE KS	ZIP CODE 66749				
		TRUCK #		DRIVER			
		520		John S			
		515		merle R			
		637		Joey K			

JOB TYPE 45 ⁰ HOLE SIZE 5 7/8" HOLE DEPTH 1030' CASING SIZE & WEIGHT 2
CASING DEPTH 1021' 6L. DRILL PIPE --- TUBING 2 7/8" OTHER ---
SLURRY WEIGHT 13.8 # SLURRY VOL 34 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0
DISPLACEMENT 5.9 Bbl DISPLACEMENT PSI 500 MIX PSI 900 Bump Plug RATE 1 BPM

REMARKS: Safety Meeting, Rig up to 2 7/8" Tubing, Break circulation w/ 2 Bbl water, mix 300# gel flush, brought to surface w/ 30 Bbl pit water. Mixed 125 SKS OWC cement w/ 1/2# phenoseal/sk. Shut down wash out pump & lines. Stuff two plugs & displace w/ 5.9 Bbl water. Final pumping pressure of 500psi, bumped plugs @ 900psi, wait two minutes, release pressure. Plugs & float held good. Leave well shut in with 0 psi. Good circulation @ all times, 6 Bbl slurry to pit. 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	OWC 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 Hrs	80 Bbl Vac Truck	90.00	360.00
1123	3000 gals	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

286032
Gen Mgr

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.