



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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Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765

Ticket Number 100249
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5-13-13		Kenneth Hill # 32	33-23-16E	Woodson
Customer		Mailing Address	City	State Zip
Owens Petroleum				

Job Type:	<u>Longstring</u>			Truck #	Driver
Hole Size: <u>5 7/8"</u>	Casing Size:	Displacement: <u>6.4 Bbls.</u>	<u>201</u>	<u>Kelly</u>	
Hole Depth: <u>1125'</u>	Casing Weight:	Displacement PSI: <u>550</u>	<u>202</u>	<u>Austin</u>	
Bridge Plug:	Tubing: <u>2 7/8"</u>	Cement Left in Casing: <u>0'</u>	<u>105</u>	<u>Charlie</u>	
Packer:	PBTD: <u>1117'</u>			<u>Danny</u>	

Quantity Or Units	Description of Services or Product	Pump charge	
<u>.35</u>	Mileage	\$3.25/Mile	<u>113.75</u>
<u>162 sks</u>	<u>70/30 Pozmix cement</u>	<u>12.00</u>	<u>1944.00</u>
<u>285 lbs.</u>	<u>Gel 2%</u>	<u>.30</u>	<u>85.50</u>
<u>50 lbs.</u>	<u>Flocete</u>	<u>2.15</u>	<u>107.50</u>
<u>300 lbs.</u>	<u>Gel - Flush Ahead</u>	<u>.30</u>	<u>90.00</u>
<u>3 1/2 hrs.</u>	<u>Water Truck</u>	<u>84.00</u>	<u>294.00</u>
<u>.35 miles</u>	<u>Truck # 290</u>	<u>1.50</u>	<u>52.50</u>
	<u>wireline Serv.</u>	<u>50.00</u>	<u>W/C</u>
<u>Tons</u>	<u>Bulk Truck > Minimum charge</u>	<u>\$1.15/Mile</u>	<u>250.00</u>
<u>2</u>	<u>Plugs 2 7/8" Top Rubber</u>	<u>25.00</u>	<u>50.00</u>
		Subtotal	<u>3777.25</u>
		Sales Tax	<u>166.22</u>
		Estimated Total	<u>3943.47</u>

Remarks: Rig up to 2 7/8" tubing, Break circulation with fresh water; Pumped 15 Bbl Gel Flush, circulated Gel around to condition hole. Mixed 162 sks 70/30 Pozmix cement + 22 Gel & 48 lbs 2% of Flocete. Shut down - Washout Pump lines - Release 2 Plugs, Displaced Plugs with 6 1/2 Bbls water. Final Pumping at 550 PSI - Pumped Plugs to 1000 PSI - close Tubing HO with 1000 PSI. Good cement returns with 6 Bbl slurry.

"Thank you"

Witnessed by Scott
 Customer Signature

Invoice #	Page
42776	001
Invoice Date	
04-04-2013 15:24:44	



True Enterprise
 1326 North Main Street
 LeRoy, KS 66857
 LeRoy, KS 66857
 (620) 964-2514
 620-625-3607

SOLD TO:
 Scott Owens
 Scott Owens
 1274 202 Road
 Yates Center, KS 66783

Please Remit To: True Enterprise, 1326 North Main, LeRoy, KS 66857

Terms	P.O.#	Order #	Type	Slid.By	Cust.#	Slm.	
10th Next Month	ta32	42776	House	SLT	O36070	Store	
Quantity	UM	Item #	Description			Price	Extended Price
20.000	EA	CL203	PORTLAND CEMENT			10.25	205.00
						Taxable:	205.00
						Tax:	14.97
						Non-Tax:	0.00
						Total:	219.97

Recd