



**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
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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				

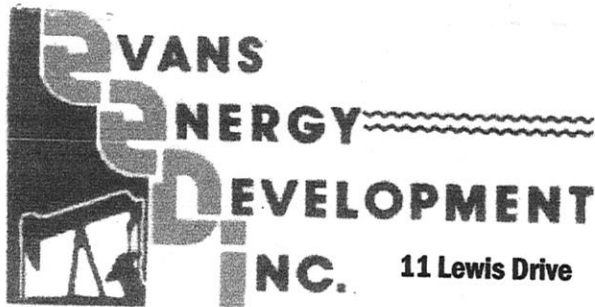
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**Oil & Gas Well Drilling  
Water Wells  
Geo-Loop Installation**

**11 Lewis Drive**

**Paola, KS 66071**

**Phone: 913-557-9083**

**Fax: 913-557-9084**

**WELL LOG**

Kansas Resource Exploration & Development, LLC  
Guetterman #KRI-33  
API # 15-091-23,980  
April 5 - April 9, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
63	shale	69
4	lime	73
5	shale	78
6	lime	84
4	shale	88
17	lime	105
9	shale	114
9	lime	123
8	shale	131
19	lime	150
16	shale	166
19	lime	185
7	shale	192
51	lime	243
22	shale	265
8	lime	273
15	shale	288
9	lime	297
6	shale	303
17	lime	320
36	shale	356
24	lime	380
6	shale	386
23	lime	409
4	shale	413
4	lime	417
4	shale	421
7	lime	428 base of the Kansas City
30	shale	458
5	sand	463 green
139	shale	602
4	lime	606
4	shale	610
3	lime	613
7	shale	620
10	lime	630
13	shale	643
3	lime	646

5	shale	651	
11	lime	662	
21	shale	683	
2	lime	685	
16	shale	701	
3	lime	704	
60	shale	764	
3	broken sand	767	brown & grey, light bleeding
5	oil sand	772	brown, ok bleeding
24	shale	796	
2	lime	798	
25	shale	823	
1	coal	824	
38	shale	862	
1	coal	863	
23	shale	886	
0.5	broken sand	886.5	brown sand & lime, ok bleeding
1.5	lime	888	
1.5	broken sand	889.5	brown sand & lime, good bleeding
1	oil sand	890.5	brown, good bleeding
3.5	broken sand	894	brown & grey, good bleeding
52	shale	946	TD

Drilled a 9 7/8" hole to 22.5'

Drilled a 5 5/8" hole to 946'

Set 22.5' of 7" surface casing cemented with 6 sacks of cement

Set 931' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.



**CONSOLIDATED**  
Oil Well Services, LLC

257995

TICKET NUMBER 41784  
LOCATION Ottawa  
FOREMAN Alan Mader

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

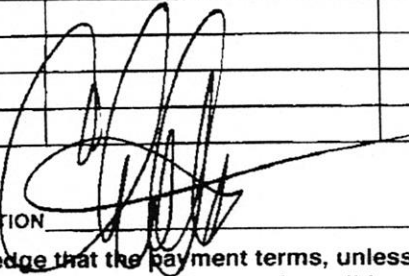
DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
4-9-13	7448	Gutterman KR-E33	NE 19	15	22	30			
CUSTOMER Kansas Resources E&D		TRUCK #		DRIVER		TRUCK #		DRIVER	
MAILING ADDRESS 9393 W 110th		516		Ala Mad		Safety Meet			
CITY Overland Park		368		Ala Mad		AM			
STATE KS		370		Kei Car		KL			
ZIP CODE 66210		510		Set Tuc		ST			
JOB TYPE	long string	HOLE SIZE	5 5/8	HOLE DEPTH	946	CASING SIZE & WEIGHT	2 7/8		
CASING DEPTH	931	DRILL PIPE		TUBING		OTHER			
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	oh yes!		
DISPLACEMENT	5.4	DISPLACEMENT PSI	1800	MIX PSI	200	RATE	4 bpm		
REMARKS: Held meeting, Hooked to casing. Established rate. Mixed & pumped 100# gel followed by 132 sk 50/50 cement plus 290 gel & 1/2# Pheno seal. Circulated cement. Flushed pump. Started to pump 2 plugs, well flushed with app. 1/2 bbl water in casing. Well held 1800 PST.									

Evans, Mitchell

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
3401	1	PUMP CHARGE	368	1030.00	
3406	30	MILEAGE	368	120.00	
3402	931	casing footage	368		
5407A	170.28	ten miles	510	228.18	
5502C	2	80 val	370	180.00	
1124	132	50/50 cement		1445.40	
1118B	322#	gel		67.62	
1107A	66	Pheno seal		85.14	
4402	2	2 1/2 plugs		56.00	
				SALES TAX	124.48
				ESTIMATED TOTAL	3336.82

completed

AUTHORIZATION  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