



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: _____



1152167

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Schippers Oilfield Services LLC

Invoice

RR 1 Box 90D
Hoxie, KS 67740

Date 4/16/2013
Invoice # 699

Phone # 785-675-8974 sosllc@ruraltel.net
Fax # 785-675-9938

Bill To
Continental Operating Company PO Box 52 Hays, Ks. 67601

Ship To

P.O. # Stull #3
Terms Net 30

Ship Date 4/16/2013
Due Date 5/16/2013
Other

Item	Description	Qty	Price	Amount
Cement	Common	180	15.50	2,790.00T
Pozmix		120	8.50	1,020.00T
Gel		11	20.50	225.50T
chloride	calcium chloride	7	53.00	371.00T
Handling of mater...	per sack	318	2.10	667.80
Mileage and labor		35	25.44	890.40
Pump truck charge	Tri- plex pump charge		1,150.00	1,150.00
Pumptruck mileage	One way to Location	35	8.00	280.00
Light vehicle mile...	One way to Location	35	2.00	70.00
4.5 rubber plug			57.00	57.00T

PAID
 4/16/13
 1225 5 512
 NEW TEL - 785-421-1111

15% DISCOUNT IF PAID WITHIN 20 DAYS DEDUCT FROM TOTAL	Subtotal	\$7,521.70
	Sales Tax (6.3%)	\$281.20
	Total	\$7,802.90
	Payments/Credits	\$0.00
	Balance Due	\$7,802.90

Schippers Oilfield Services LLC

CONTRACTOR	CO TOOLS	OWNER			
TYPE OF JOB	Liner				
HOLE SIZE		CEMENT	300sr	60/40	4/9/90
CASING SIZE	4 1/2	AMOUNT ORDERED	296cc		
TUBING SIZE					
DRILL PIPE					
TOOL					
PRES. MAX	1000ps	MINIMUM	250	COMMON	180 sr @ \$15.50 \$2790.00
DISPLACEMENT	56 hbl	SHOE JOINT		POZMIX	620 sr @ \$8.50 \$5270.00
CEMENT LEFT IN CSG.				GEL	11 @ \$20.50 \$225.50
PERFS				CHLORIDE	7 @ \$53.00 \$371.00
				ASC	@
EQUIPMENT					@
					@
PUMP TRUCK					@
#	1				@
BULK TRUCK					@
#	2				@
BULK TRUCK					@
#	Heath				@
		HANDLING	318y	@ \$2.10	\$667.80
		MILEAGE	35	@ \$25.71/mile	\$894.85
		TOTAL			\$5964.20

REMARKS	SERVICE			
	DEPT OF JOB		@	
Run 4 1/2 casing down 3564' with	PUMP TRUCK CHARGE	1	@ \$1150.00	\$1150.00
Float shoe on end - Hooked up est circulation	EXTRA FOOTAGE		@	
and mixed 300sr - shut down washed pump	MILEAGE	35.00	@ \$8.00	\$280.00
and lines clean - Hooked up and disp 56 hbl	MANIFOLD		@	
at 11:20 with 1000ps lifting pressure - 60	LMV	35	@ \$2.00	\$70.00
circulation @ 42 hbl - cement did not circulate	TOTAL			\$1500.00

CHARGES TO:	Continental Operating
STREET	STATE
CITY	ZIP

To: Schippers Oil Field Services L.L.C.

You are hereby requested to rent cementing equipment and furnish staff to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "TERMS AND CONDITIONS" listed on the reverse side.

Thank You!!

PLUG & FLOAT EQUIPMENT	
4 1/2 rubber plug	@ \$57.00
	@
	@
	@
	@
TOTAL	\$57.00
TAX	
TOTAL CHARGE	\$7521.20
DISCOUNT (IF PAID IN 20 DAYS)	-15%
	\$6393.02

Global Cementing LLC dba SOS LLC

18048 I-70 Road
Russell, KS 67665

Invoice

Date	Invoice #
5/17/2013	1015

Bill To
Continental Operating PO BOX 52 HAYS,KS 67601

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
159	COMMON	15.50	2,464.50T
106	POZ	8.50	901.00T
16	GEL	20.50	328.00T
281	HANDLING	2.10	590.10
	BULK MILEAGE	1,393.80	1,393.80
1	LINER	1,150.00	1,150.00
62	PUMP TRUCK MILEAGE	6.50	403.00
62	LMV	2.00	124.00
1	4 1/2 RUBBER PLUG	57.00	57.00
	DISCOUNT	-1,111.80	-1,111.80
	LEASE NAME-STULL #3		
	Sales Tax	6.30%	232.69
Please remit to above address.		Total	\$6,532.29

*Stull #3
Rate 10-11-13
New Well*

SCHIPPER'S OIL FIELD SERVICES, L.L.C.

1015

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell, KS 161/2 W

DATE <u>5-17-13</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>3:30 PM</u>	JOB FINISH <u>4:30 PM</u>
LEASE <u>stull</u>	WELL #. <u>3</u>	LOCATION <u>Zurich nr 16N 1/2 W</u>			COUNTY <u>ROKS</u>	STATE <u>KS</u>	
OLD OR NEW (CIRCLE ONE)				<u>Sinto</u>			

CONTRACTOR CO TOOLS

TYPE OF JOB Cement Circulation

HOLE SIZE _____ T.D. _____

CASING SIZE 4 1/2 DEPTH 3510

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 550 MINIMUM 1100PS

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS 3510'

DISPLACEMENT 55 bbl

EQUIPMENT

PUMP TRUCK # 81 CEMENTER 1100th

HELPER Cody

BULK TRUCK # 81 DRIVER Jay

DRIVER _____

OWNER _____

CEMENT AMOUNT ORDERED 265 sr 60/40 6 1/2 gal

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

REMARKS:
arr @ 3510' and hooked up to 4 1/2
log and pumped 265 sr - shut down
and released plug - disp 55 bbl - no
circulation - shut in to 500PS

Cement did not circulate!

CHARGE TO: Continental Operating

STREET _____

CITY _____ STATE _____ ZIP _____

Schippers Oil Field Services, L.L.C.,
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

Thank You

PRINTED NAME _____

SIGNATURE Ralph Bunn

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

1 1/2 rubber plug @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

Global Cementing LLC dba SOS LLC

Invoice

18048 I-70 Road
Russell, KS 67665

Date	Invoice #
6/4/2013	1032

Bill To
Continental Operating PO BOX 52 HAYS,KS 67601

P.O. No.	Terms	Project
STULL #3	Net 30	

Quantity	Description	Rate	Amount
75	COMMON	15.50	1,162.50T
50	POZ	8.50	425.00T
4	CALCIUM	53.00	212.00T
129	HANDLING	2.10	270.90
	BULK MILEAGE	320.00	320.00
1	SQUEEZE	1,250.00	1,250.00
62	PUMP TRUCK MILEAGE	6.50	403.00
62	LMV	2.00	124.00
	DISCOUNT	-642.20	-642.20
	Sales Tax	6.30%	113.37

*Stull #3
PMS 10-25-13
New Well*

Thank you for your business.

Phone #
785-324-2658

Total	\$3,638.57
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