



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: _____



1152475

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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
Name Top Datum

CASING RECORD New 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				

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record
(Amount and Kind of Material Used)

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

Vented Sold Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION:

Open Hole Perf. Dually Comp. Commingled
(Submit ACO-5) Other (Specify) _____
(Submit ACO-4)

PRODUCTION INTERVAL:

Form	ACO1 - Well Completion
Operator	Intrepid Resources LLC
Well Name	Pierce Pierce IR#2
Doc ID	1152475

Tops

Name	Top	Datum
SHALE	402	430
COAL	401	402
SHALE	401	392
COAL	392	393
SHALE	392	387
SAND	387	364
LIME	354	364
SHALE	354	349
SAND	349	342
LIME	342	338
SHALE	338	337
LIME	337	332
SHALE	332	322
LIME	322	316
SAND	312	316
LIME	312	290



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 43268

LOCATION Eureka

FOREMAN Ricky Ladford

FIELD TICKET & TREATMENT REPORT
CEMENT API # 15-125-32331

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-11-13		Pierce IR # 2	3	315	16E	MO
CUSTOMER <u>Par's Drilling LLC</u>						
MAILING ADDRESS <u>3848 W. Main St.</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Independence</u>			STATE <u>KS</u>	ZIP CODE <u>67301</u>		
			520	John		
			61	Chris M		
			83	Alm. G. (M/G, TWC)		

JOB TYPE 1/s HOLE SIZE _____ HOLE DEPTH 430' CASING SIZE & WEIGHT 4 1/2" 10.5"
 CASING DEPTH 418' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 135# SLURRY VOL 24 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 0
 DISPLACEMENT 6.8 Bbl DISPLACEMENT PSI 200 MIX PSI 6000 Bump plus RATE _____

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ 6 Bbl fresh water. Pump 306th gel-flush, 5 Bbl water spacer, 2 Bbl dye water. Mixed 75 srs thickset cement w/ 15th Kel-seal/sr & 1st phenoseal/sr @ 13.5th/gal. Wait on pump & lines, release plug. Displace w/ 6.8 Bbl fresh water. Final pump pressure 200 PSI. Bump plus to 600 PSI, release pressure, flat & plug hold. Good cement returns to surface. 5 Bbl slurry to pit. Job complete. Rig down.

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5461	1	PUMP CHARGE	1085.00	1085.00
5466	600	MILEAGE	4.20	252.00
1126A	75 srs	thickset cement	20.16	1512.00
1116A	375 th	5 th Kel-seal/sr	.46	172.50
1107A	75 th	1 st phenoseal/sr	1.35	101.25
1118B	306 th	gel-flush	.22	66.00
5407A	4.13	ten mileage back trip	m/c	368.00
5502C	4 hrs	80 Bbl vac. TRH	90.00	360.00
1123	3000 gals	city water	17.30/1000	51.90
4404	1	4 1/2" top rubber plug	47.25	47.25
			Subtotal	4015.90
			SALES TAX <u>6.15%</u>	119.98
			ESTIMATED TOTAL	4135.88

Ravin 3737

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.



PAKS DRILLING
3720 W. Main St.
Independence, KS 67301
(620) 577-4196

cement surface casing Job Ticket

Date: 07/02/2013

Well Name/Location: PIERCE IR 2

Customer Order #:00435

Labor - Description		Hrs./Qty	Rate	Amount	Description of Work
Drilling foreman:	LEE III				SET SURFACE CASING ran cement for surface casing used 11 sacks 50/50 portland mix
drilling foreman:		3.5hrs			
Drill Hand	DARYL				
Drill hand:	JOSEPH				
Hand:	LEVI				
Per Diem:	none				
Safety Bonus:	none				
Other Charges - Description		Hrs./Qty	Rate	Amount	
Equipment Usage Chrg		2.75			
Equipment Usage Chrg					
Water Delivery		2			
Crew Truck		2			
Trucking Charge		3.25			
				Total Amount Due	960