



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: _____



1152537

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 Bbbs.	Gas Mcf	Water Bbbs.	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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Form	ACO1 - Well Completion
Operator	Intrepid Resources LLC
Well Name	Pierce Pierce IR#5
Doc ID	1152537

Tops

Name	Top	Datum
sand	445	408
shale	408	390
sand	390	387
shale	387	380
lime	380	375
black shale	375	372
shale	372	360
lime	360	341
coal	341	340
lime	340	338
shale	338	310
lime	310	282



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

cement surface casing Job Ticket

Date: 06/17/2013

Well Name/Location: PIERCE IR 5

Customer Order #:00055

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 <u> 960</u>



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 42977
LOCATION Eureka KS
FOREMAN Shannon Teck

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT # 15-125-32334 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-1-13		Pierce Pierce 1R #5	3	315	16E	mg
CUSTOMER <u>Intrepid Resources LLC</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>3848 West Main St.</u>			<u>445</u>	<u>Dave G</u>		
			<u>515</u>	<u>marle R</u>		
CITY <u>Independence</u>		STATE <u>KS</u>	ZIP CODE <u>67301</u>	<u>77</u>	<u>Rudy m</u>	<u>Mcloy Trucking</u>

JOB TYPE 4/5 o/g HOLE SIZE _____ HOLE DEPTH 464' CASING SIZE & WEIGHT 4 1/2" @
 CASING DEPTH 450' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 135 # SLURRY VOL 24 Bbl WATER gal/sk 90 CEMENT LEFT in CASING 0
 DISPLACEMENT 7.3 Bbl DISPLACEMENT PSI 200 MIX PSI 600 Bump Plug RATE 5 BPM

REMARKS: Big up to 4 1/2" casing, Break circulation w/ 1 Bbl, mixed 300 # gel, flush, 10 Bbl H2O spacer, mixed 80 SKS Thickset cement w/ 5 # kot seal 1 SK, 1 # phanoseal/sk @ 135 #/gal, shut down wash out pump & lines, displace w/ 7.3 Bbl H2O. Final pumping pressure of 200 psi, bumped plug @ 600 psi. Plug & float held Good circulation @ all times, 8 135# 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	1085.00	1085.00
5406	60	MILEAGE	4.20	252.00
1126A	80 SKS	Thickset cement	20.16	1612.80
1110A	400 #	Kot-seal @ 5#/SK	.46	184.00
1107A	80 #	Phanuseal @ 1#/SK	1.35	108.00
5407	4.4 Tons	Ton mileage bulk Truck	1.41	372.24
1118B	300 #	Gel flush	.22	66.00
4404	1	4 1/2" Rubber Plug	47.25	47.25
5502C	Hrs	80 Bbl Vac Truck #77 Mcloy Trucking	90.00	360.00
1123	3000 gals	city H2O	17.30/1000	57.09
			Sob Total	4144.38
			6.15% SALES TAX	127.62
			ESTIMATED TOTAL	4272.00

AUTHORIZATION [Signature] 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.