



**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: \_\_\_\_\_



1152797

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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1/17/2013

#255989



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CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	G & J	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	Long String	Section		Excess (%)	30
Customer Acct #	3081	TWP		Density	13.7
Well No.	Brant 13-1	RGE		Water Required	
Mailing Address		Formation		Yield	1.26
City & State		Hole Size	5 3/4	Slurry Weight	
Zip Code		Hole Depth	803'	Slurry Volume	
Contact		Casing Size	2 7/8 INCH,	Displacement	4.6
Email		Casing Depth	794'	Displacement PSI	300
Cell		Drill Pipe		MIX PSI	200
Dispatch Location	BARTLESVILLE	Tubing		Rate	4bpm

Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,030.00	\$ 1,030.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	30	PER MILE	\$4.00	\$ 120.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$350.00	\$ 350.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
5402	FOOTAGE	794	PER FOOT	0.22	\$ 174.68

EQUIPMENT TOTAL \$ 1,674.68

Cement, Chemicals and Water					
1131	60/40 POZMIX CEMENT W/ NO ADDITIVES (40% POZ)	110	0	\$12.55	\$ 1,380.50
1107A	PHENOSEAL	40	0	\$1.29	\$ 51.60
1110A	KOL SEAL (50 # SK)	550	0	\$0.46	\$ 253.00
1111	GRANULATED SALT (50#) SELL BY #	200	0	\$0.37	\$ 74.00
1118B	PREMIUM GEL/BENTONITE (50#)	350	0	\$0.21	\$ 73.50
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -

CHEMICAL TOTAL \$ 1,832.60

Water Transport					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -

TRANSPORT TOTAL \$ -

Cement Floating Equipment (TAXABLE)					
0	Cement Basket		0	\$0.00	\$ -
0	Centralizer		0	\$0.00	\$ -
0	Float Shoe		0	\$0.00	\$ -
0	Float Collars		0	\$0.00	\$ -
0	Guide Shoes		0	\$0.00	\$ -
0	Baffle and Flapper Plates		0	\$0.00	\$ -
0	Packer Shoes		0	\$0.00	\$ -
0	DV Tools		0	\$0.00	\$ -
0	Ball Valves, Swedges, Clamps, Misc.		0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
4402	Plugs and Ball Sastlers	2 7/8 Rubber Plug	2	\$28.00	\$ 56.00
0	Downhole Tools		0	\$0.00	\$ -

CEMENT FLOATING EQUIPMENT TOTAL \$ 56.00  
 SUB TOTAL \$ 3,563.28  
 8.30% SALES TAX \$ 295.75  
 TOTAL \$ 3,720.03  
 15% (-DISCOUNT) \$ 558.00  
**DISCOUNTED TOTAL \$ 3,162.03**

DRIVER NAME	
577	Kirk Sanders
398	Bryan Scullaw
518	Harrison Ford

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_  
 DATE \_\_\_\_\_ FOREMAN *Kirk Sanders*

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.

1/17/2013



5000000352

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	G & J	State, County	Chautauqua , Kansas	Cement Type	CLASS A
Customer Acct #	Long String	Section	0	Excess (%)	30
Well No.	0	TWP		Density	13.7
Mailing Address	Brant 13-1	RGE	0	Water Required	0
City & State	0	Formation		Yield	1.26
Zip Code	0	Hole Size	5 3/4	Slurry Weight	0
Contact	0	Hole Depth	803'	Slurry Volume	0
Email	0	Casing Size	2 7/8INCH,	Displacement	4.6
Cell	0	Casing Depth	794'	Displacement PSI	300
Office	0	Drill Pipe		MIX PSI	200
Dispatch Location	BARTLESVILLE	Tubing		Rate	4bpm

Ran gel / LCM to establish circ., ran 110sx of 60/40 POZ w/ 2% Gel, 2# Salt, 5# Kol Seal, .40# Pheno. Flushed pump and lines, dropped 2 plugs and displaced 4.6bbl to set. Shut in and washed up.

Circulated cement to surface

Had own water



1/24/2013



551000759

TREATMENT REPORT  
FRAC AND ACID

Customer	G & J Well Service
Customer Acct #	
Well No.	Brant #13-1
Mailing Address	
City and State	
Zip Code	
Dispatch Location	Bartlesville

County	Chautauqua County, Kansas	Stage	1 OF 1
Section	15	Formation	Wayside
TWP	34S	TVD Perfs	748-758
RANGE	13E	MD Perfs	

On Location	
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WELL DATA

TREATMENT THROUGH TUBING IN CASING						DRIVER	DRIVER
TVD OF PERFS	MD OF PERFS			PLUS DEPTH (FT)		646	Tom S
	CASING WEIGHT	TMD TO TOP PERFS (FT)	ID (INCHES)	PACKER DEPTH (FT)		677	Donnie T
				DISPL COEF (BBL/FT)	VOLUME (BBLs)		Chancy W
TUBING SIZE (IN)	TUBING WEIGHT	ID TO BOTTOM OF TUBING	ID (INCHES)	DISPL COEF (BBL/FT)	VOLUME (BBLs)		
	0						
DISPLACEMENT TO TOP PERFS (BBLs)							
<b>CHEMICALS</b>							
15% HCL ACID [CHARGE FOR INHIBITOR IN ADDITION]				250			
STIMFLO (FBA)				1			
ACID INHIBITOR (AI-200)				1			
IRON CONTROL (SP-650)				1			
0				0			
0				0			

FET ANALYSIS (Optional)

FLUID WEIGHT				MAX PRESSURE		ISDP		FRAC GRAD	
HYDROSTATIC HEIGHT				PRESSURE 1		5 MIN SIP		FLUID EFF (%)	
FLUID SG				PRESSURE 2		10 MIN SIP		CALC PERM	
HYDROSTATIC PRESS				PRESSURE 3		15 MIN SIP			
MAX PRESSURE	INITIAL PRESSURE	BREAKDOWN PRESSURE		ISIP	5 MIN	10 MIN	15 MIN	30 MIN	
		1100		330	270	230	220		

SUMMARY

TOTAL FLUID PUMPED	31 BBLs	MAX TREATING PRESSURE	400 PSI	FOAM QUALITY	
PROPPANT PUMPED	0 LBS	MIN TREATING PRESSURE	10 PSI	AMOUNT OF FOAM PUMPED	
MAX RATE	3.7 BBL/MIN	AVE TREATING PRESSURE	365	TYPE OF FOAM	
MIN RATE	2 BBL/MIN			Balloff Pressure	2,300
AVERAGE RATE	3.3	FLUID WEIGHT	8.34	NUMBER OF BALLS PUMPED	30
		HYDROSTATIC HEIGHT	0.00	BALL ACTION SEEN	
		HYDROSTATIC PRESS	0.00		
		FRAC GRADIENT	#DIV/0!		

STAGE	CLEAN BBLs	DESIGN	FLUID TYPE	PRESSURE	RATE	PROP AMOUNT	DESIGN	CONC	TYPE
1	1	Spot	Acid	0-10	2-2.5				
2	5	Acid Balloff	Acid	350-380	3.5-3.7				
3	25	Flush	Water	360-400	3.2-3.3				
4									
5									
6									
7									
8									
13									
14									
15									
16									
17									
18									

Remarks

Rigged up Spotted 50 gal hcl displaced then let sit 5 min broke well down ran 200 gal hcl with 30 ball sealers displaced balled well off surged balls then flushed with 25 bbl water and watched pressure for 15 min and shut in

