



**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				

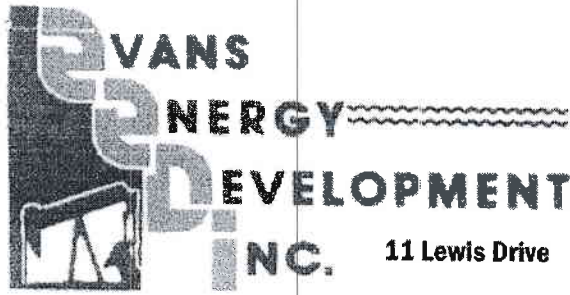
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling  
Water Wells  
Geo-Loop Installation

Phone: 913-557-9083  
Fax: 913-557-9084

**WELL LOG**

Kansas Resource Exploration & Development, LLC  
Guetterman #KRI-23  
API # 15-091-23,966  
December 5 - December 7, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
16	soil & clay	16
7	shale	23
5	lime	28
7	shale	35
16	lime	51
10	shale	61
7	lime	68
5	shale	73
1	lime	74
4	shale	78
16	lime	94
19	shale	113
20	lime	133
6	shale	139
50	lime	189
22	shale	211
9	lime	220
15	shale	235
7	lime	242
7	shale	249
18	lime	267
35	shale	302
10	lime	312
5	shale	317
9	lime	326
8	shale	334
21	lime	355
5	shale	360
4	lime	364
4	shale	368
6	lime	374 base of the Kansas City
170	shale	544
6	lime	550 oil show
3	shale	553
4	lime	557
1	coal	558
6	shale	564
8	lime	572
14	shale	586
2	lime	588

7	shale	595
8	lime	603
21	shale	624
5	lime	629
73	shale	702
3	broken sand	705 brown & shale, light bleeding (gassy)
1	oil sand	706 brown, ok bleeding
7	broken sand	713 brown & shale, ok bleeding
23	shale	736
1	lime	737
65	shale	802
1	coal	803
21	shale	824
3	broken sand	827 lime & sand, ok bleeding
1	oil sand	828 brown, good bleeding
2.5	broken sand	830.5 brown sand & lime streaks, ok bleeding
2.5	broken sand	833 20% brown sand, 80% shale, light bleeding
50	shale	883 TD

Drilled a 9 7/8" hole to 21.5'

Drilled a 5 5/8" hole to 883'

Set 21.5' of 7" surface casing cemented with 6 sacks of cement

Set 873' of 2 7/8" 8 round upset tubing, with 3 centralizers, 1 float shoe, & 1 clamp.



**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 38991

LOCATION Oxtawa KS.

FOREMAN Fred Mader

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/7/12	<del>2559</del>	Guehrerman # KR123	NE 30	14	22	JO
CUSTOMER 4448 Kansas Resources Expl & Dev			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 9393 W 110th St.			506	Fre Mad	Safety Mtg	
CITY STATE ZIP CODE Overland Park KS 66210			495	Nay Bac	14B	
			370	Kai Coy	KC	
			503	Dan Det	DD	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 883 CASING SIZE & WEIGHT 2 3/8 EUE  
 CASING DEPTH 873 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 5.07 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

REMARKS: Establish pump roots. Mix + Pump 100' Gel Flush. Mix + Pump 120 sks 50/50 For Mix Cement 2% Gel 1/2" Pheno Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 3/8" rubber plug to casing TD. Pressure to 800+ PSI. Release pressure to set float valve. Shut in casing.

Evans Energy Dev. Inc. - Mitchell

*Fred Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 <sup>00</sup>
5406	30 mi	MILEAGE	495	120 <sup>00</sup>
5402	873'	Casing Footage		N/C
5407	Minimum	Ton Miles	503	350 <sup>00</sup>
5502C	2 hrs	80 BBL Vac Truck	370	180 <sup>00</sup>
1124	120 sks	50/50 For Mix Cement		1314 <sup>00</sup>
1118B	302 <sup>#</sup>	Premium Gel		63 <sup>42</sup>
1107A	60 <sup>#</sup>	Pheno Seal		77 <sup>40</sup>
4402	2	2 1/2" Rubber Plugs		56 <sup>00</sup>
			7.525%	113 <sup>68</sup>
			SALES TAX	
			ESTIMATED	
			TOTAL	2304 <sup>50</sup>

Rev'n 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 fo

255185

## Summary of Changes

Lease Name and Number: Guetterman KRI-23

API/Permit #: 15-091-23966-00-00

Doc ID: 1157040

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	06/17/2013	09/04/2013
Perf_Depth_1		6
Perf_Material_1		2" DML RTG
Perf_Record_1		825-831
Perf_Shots_1		3
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1147959">../kcc/detail/operatorEditDetail.cfm?docID=1147959</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1157040">../kcc/detail/operatorEditDetail.cfm?docID=1157040</a>

## Summary of Attachments

Lease Name and Number: Guetterman KRI-23

API: 15-091-23966-00-00

Doc ID: 1157040

Correction Number: 1

Attachment Name