



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				

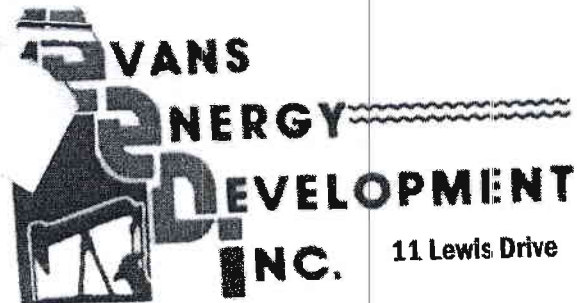
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**Oil & Gas Well Drilling  
Water Wells  
Geo-Loop Installation**

11 Lewis Drive

Paola, KS 66071

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

**WELL LOG**

Kansas Resource Exploration & Development, LLC

Guetterman #KRI-

API # 15-091-23,000

34  
23170-00-00

February 20 - February 25, 2013

Thickness of Strata

Formation

Total

4	soil & clay	4
26	sandstone	30
56	shale	86
6	lime	92
8	shale	100
1	lime	101
7	shale	108
16	lime	124
9	shale	133
9	lime	142
6	shale	148
21	lime	169
15	shale	184
19	lime	203
8	shale	211
52	lime	263
22	shale	285
7	lime	292
15	shale	307
9	lime	316
6	shale	322
16	lime	338
24	shale	362
3	lime	365
8	shale	373
15	lime	388
2	shale	390
8	lime	398
9	shale	407
21	lime	428
4	shale	432
3	lime	435
7	shale	442
5	lime	447 base of the Kansas City
173	shale	620
5	lime	625
3	shale	628
5	lime	633
5	shale	638
7	lime	645

16	shale	661
3	lime	664
2	shale	666
1	coal	667
4	shale	671
10	lime	681
20	shale	701
12	lime	713
69	shale	782
10	broken sand	792 brown & grey, fair bleeding
16	shale	808
1	coal	809
27	shale	838
1	coal	839
41	shale	878
1	coal	879
24.5	shale	903.5
3	broken sand	906.5 brown & grey, ok bleeding (limey)
1.5	oil sand	908 brown, good bleeding, few thin lime seams
3	broken sand	911 brown & grey, ok bleeding
69	shale	980 TD

Drilled a 9 7/8" hole to 42'  
 Drilled a 5 5/8" hole to 980'

Set 42' of 7" surface casing cemented with 12 sacks of cement

Set 965' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.



**CONSOLIDATED**  
Oil Well Services, LLC

257050

TICKET NUMBER 38856

LOCATION Ottawa KS

FOREMAN Fred Maden

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2/25/13	4448	Guetterman #KRI-34	NW 20	14	22	JO
CUSTOMER Kansas Resources Expl + Dev			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 9393 W 110th St.			506	Fred Mad	Safety	Mkn
CITY Overland Park	STATE KS	ZIP CODE 66218	495	Harbec	HB	O
JOB TYPE <u>long string</u>			370	K. Cav	KC	
HOLE SIZE <u>5 7/8</u>			559	Broman	BM	
HOLE DEPTH <u>980</u>			CASING SIZE & WEIGHT <u>2 3/4 EUE</u>			
CASING DEPTH <u>965</u>			OTHER _____			
SLURRY WEIGHT _____			CEMENT LEFT in CASING <u>2: 2 1/2" Plugs</u>			
SLURRY VOL _____			WATER gal/sk _____			
DISPLACEMENT <u>5.6 BBL</u>			MIX PSI _____			
DISPLACEMENT PSI _____			RATE <u>5 BPM</u>			

REMARKS: Hold crew meeting. Establish pump rate. Mix + Pump 100# Gel  
Flush. Mix + Pump ~~80~~ 143 sks 50/50 Por Mix Cement 2 3/4" Gel  
1/2" Pheno Seal/sk. Cement to surface. Flush pump + lines  
clean. Displace 2: 2 1/2" Rubber plugs to casing TP. Pressure  
to 800# PSI. Release pressure to set float valve. Shut in  
casing.

Evans Energy Dev. Inc. Mitchell Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030.00
5406	30 mi	MILEAGE	495	120.00
5402	965	Casing footage		N/C
5407	Minimum	Ton Miles	558	300.00
5502C	3 hrs	80 BBL Vac Truck	370	270.00
1124	143 sks	50/50 Por Mix Cement		1565.83
11188	340#	Premium Gel		71.40
1107A	72#	Pheno Seal		92.85
4402	2	2 1/2" Rubber Plugs		56.00
				134.40
SALES TAX ESTIMATED TOTAL				3690.53

completed

Flavin 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

## Summary of Changes

Lease Name and Number: Guetterman KRI-34

API/Permit #: 15-091-23970-00-00

Doc ID: 1157043

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	07/08/2013	09/04/2013
Perf_Depth_1		10
Perf_Material_1		2" DML RTG
Perf_Record_1		901-911
Perf_Shots_1		3
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1149938">../kcc/detail/operatorEditDetail.cfm?docID=1149938</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1157043">../kcc/detail/operatorEditDetail.cfm?docID=1157043</a>

## Summary of Attachments

Lease Name and Number: Guetterman KRI-34

API: 15-091-23970-00-00

Doc ID: 1157043

Correction Number: 1

Attachment Name