



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



1158106

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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# Finney Drilling Company

402685 W. 100 Road  
Wann, OK 74083

# INVOICE

6/10

Invoice Number: 773  
Invoice Date: May 20, 2013  
Page: 1

PHONE: 620-330-1420  
KCC#: 5989  
Federal ID#: 48-0925903

SCANNED

<b>Bill To:</b>
COLT ENERGY, INC. P.O. BOX 388 IOLA, KS 66749

CUSTOMER ID#	LEASE AND WELL NUMBER	COUNTY	Due Date
COLT	KIRK LEASE KF1	ALLEN	6/19/13

Quantity	Description	Unit Price	Amount
7.00	5/10/13- RIG TIME- Kirk Lease #KF1 - Move Rig to KF1, rig up, trip in drill pipe to 882'. Drill plug and cement from 882' to 912'. Open hole to 914'. Drill from 914' to 920', trip out. Run in core barrel, core from 920' to 936'. Trip out barrel, lay core out, log well.	200.00 D13033109	1,400.00
3.00	5/13/13- RIG TIME- Trip in underreamer. Underream from 913' to 936'. Trip out, rig down.	200.00 D13033109	600.00
8.00	5/14/13- RIG TIME- Kirk Lease #KF2 - Move Rig to KF2, rig up, trip in drill pipe, drill cement and plug from 887' to 925'. Trip out, trip in core barrel. Core from 925' to 935', trip out core barrel, lay core out. Trip in core barrel, core from 935' to 960'. Trip out core barrel, lay core out, rig down	200.00 D13034109	1,600.00
2.00	5/14/13- RIG TIME- Kirk Lease #KJ3- Move rig to KJ3, rig up, trip in drill pipe to 913'.	200.00 D13013109	400.00
5.00	5/15/13- RIG TIME- Drill cement and plug from 913' to 935'. Drill from 935' to 937', trip out, trip in core barrel. Core from 935' to 960', trip out. Lay out core, rig down	200.00 D13013109	1,000.00
5.00	5/15/13- RIG TIME- Kirk Lease KL4 - Move Rig to KL4,	200.00 D13019109	1,000.00

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
<b>TOTAL</b>	<b>Continued</b>

MAY 24 REC'D





**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 41515

LOCATION Fixers

FOREMAN Rick Ledford

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

**FIELD TICKET & TREATMENT REPORT**

CEMENT API # 15-001-30488 ✓

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-24-13	1828	Kirk # KF-1	9	24	18E	Allen
CUSTOMER <u>Cott Energy</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 388</u>			<u>520</u>	<u>John</u>		
CITY <u>Iola</u>			<u>607</u>	<u>Chris B.</u>		
STATE <u>KS</u>		ZIP CODE <u>66749</u>				

JOB TYPE L/S 0 HOLE SIZE 6 3/4" HOLE DEPTH 914' CASING SIZE & WEIGHT 4 1/2", 10 1/2#/ft  
 CASING DEPTH 910' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.6# SLURRY VOL 34 Bbl WATER gal/sk 6.5 CEMENT LEFT in CASING 25'  
 DISPLACEMENT 14.' DISPLACEMENT PSI 400 PSI 400 shut in RATE 3 BPM

REMARKS: Safety meeting - Rig up to 4 1/2" casing w/ wireline. Break circulation w/ 4 Bbl fresh water. Pump 200# gel-flush, 5 Bbl water spacer, 6 Bbl dye water. Mixed 135 sacs class A cement w/ 270 gal + 170 cactl + 1# phenoxal/sk @ 13.6#/gal. Washout pump + lines, release plug. Displace plug to 825' w/ 14' Bbls fresh water. Shut well in @ 400 PSI. Good cement returns to surface: 6 Bbl slurry to pit. Job complete. Rig down.

.. Thank You ..

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4.20	210.00
11043	135 sacs	class A cement	15.70	2119.50
11188	255#	270 gal	.28	56.10
1102	130#	170 cactl	78.20	101.40
1107A	135#	1# phenoxal/sk	1.35	182.25
5407A	6.35	tan mileage bulk tire	1.41	447.68
4404	1	4 1/2" top rubber plug	47.25	47.25
		<u>258300</u>	<u>7.55%</u>	<u>Subtotal</u> 4249.18
			SALES TAX	189.25
			ESTIMATED TOTAL	4438.43

Revin 3737

AUTHORIZATION R.P. Ashlock

TITLE THANKS!

DATE 4/24/2013

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.