



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



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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# QUALITY WELL SERVICE, INC.

5913

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

OFFICE  
Heath's Cell 620-727-3410  
Office / Fax 620-672-3663

Rich's Cell 620-727-3409  
Brady's Cell 620-727-6964

APT # 15-051-26513-00-00

Date	7-10-13	Sec.	2	Twp.	14	Range	17	County	Ellis	State	Ks	On Location	12:30 AM	Finish	1:45 PM			
Lease	Kuhw	Well No.	1-A		Location		Victoria Ks		1-72 1/2 S 10 W S. 10									
Contractor	CO-Tools							Owner										
Type Job	RAISE CMT							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.										
Hole Size	7 7/8		T.D.															
Csg.	5 1/2 15.5		Depth		1100'		Charge To		Tri. United INC									
Tbg. Size	2 1/4		Depth		996		Street											
Tool			Depth				City				State							
Cement Left in Csg.			Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.													
Meas Line			Displace		7.5 Bbls		Cement Amount Ordered		150 SK MAC									
<b>EQUIPMENT</b>																		
Pumptrk	No.	8		DEREK		Common		150										
Bulktrk	No.	9		MIKE		Poz. Mix												
Bulktrk	No.					Gel.												
Pickup	No.			7000		Calcium		5										
<b>JOB SERVICES &amp; REMARKS</b>																		
Rat Hole													Hulls					
Mouse Hole													Salt					
Centralizers													Flowseal					
Baskets													Kol-Seal					
D/V or Port Collar													Mud CLR 48					
	On loc 12:30												CFL-117 or CD110 CAF 38					
	PERF 1090' PER SET @ 996												Sand					
													Handling 155					
													Mileage 15					
	Hook up to 4th												<b>FLOAT EQUIPMENT</b>					
	Break circ w/ Pump trk 8 Bbls												Guide Shoe					
													Centralizer					
	Mix Pump 120 SK MAC 12#/gal												Baskets					
	CMT to surface												AFU Inserts					
	Mix Pump 35 SK MAC 14.5#/gal												Float Shoe					
	SLUR DOWN wash up tub												Latch Down					
	Disp 7.5 Bbls total - 1100' in 500'												LMI 15					
	Circ CMT to P.T												Pumptrk Charge P collar					
	Witness Bu 1000 SEGA - Eugene Leiker												Mileage 15					
	State Rep Roy Dittell												Tax					
	Thank you Mike & Derek												Discount					
	Eugene S. Leiker												Total Charge					
X Signature																		

Geological Report

Tri United, Inc Operator  
Kuhn #1-A  
NW-NE-SE-NE 2-14-17  
Ellis County, Ks

General:

Contractor: Sheilds Drilling  
Commenced: 6-15-13  
Completed: 9-21-13

Casing: 8 5/8 at 218' w/150sks  
5 1/2 at 3502 w/130sks

Perfs: 3220-3224 & 3263½ -3269½ and  
3328-3332  
3460' PBTB

Pertinent Data:

Zones Of Interest, LKC

3220-3224 Limestone, White, Fine Crystalline, good intercrystalline porosity, good stain, good saturation, good show of free oil, strong odor.

3263.5-3269.5 Limestone, cream to buff, fine crystalline, good fine intercrystalline porosity, fair stain, good saturation, good show of free oil, good odor

3328-3332 Limestone, Cream to buff, oolitic fair oolitic porosity poor saturation, faint odor, show of oil.

Arbuckle

3480-3510 Dolomite, white, red clay thru samples, good crystalline & Surcosic porosity, some Vugular, good saturation, Good Odor, Good oil shows.

RTD: 3510'

Respectfully submitted, Casing was set to futher test the Lansing Kansas City, which ran Flat to Higher in the area. Before abandonment the Arbuckle should be opened for futher testing, which ran slightly low for the area.

Sincerely Yours

*Eugene E. Leiker*  
Eugene E. Leiker

Geological Report

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Kuhn #1-A  
NW-NE-SE-NE 2-14-17  
Ellis County, Ks

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