



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: \_\_\_\_\_



1165758

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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Form	ACO1 - Well Completion
Operator	Phillips Exploration Company L.C.
Well Name	Herman Trust 5-34
Doc ID	1165758

Tops

Name	Top	Datum
Anhy	2158	+360
B/Anhy	2198	+320
Topeka	3600	-1082
Heebner	3818	-1300
Toronto	3840	-1322
Lansing	3855	-1337
B/KC	4078	-1560
LTD	4151	-1632

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025  
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 8621

Date	4-27-13	Sec.	34	Twp.	9	Range	24	County	Graham	State	Ks	On Location		Finish	7:00 PM
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Lease Herman Trust Location Wakeeney Ks - N to Redline Rd 6.9

Well No. 5-34 Owner miles W, S 1/4 west side of tanks

Contractor Murfin #16 To Quality Oilwell Cementing, Inc.  
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Type Job Surface Charge To Phillips Exploration

Hole Size 12 1/4" T.D. 218' Street

Csg. 8 3/8" Depth 218' City State

Tbg. Size Depth City State

Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. 15' Shoe Joint 15' Cement Amount Ordered 150 SK Common 3 1/2 CC

Meas Line Displace 12 3/4 BLS 2 1/2 Gal Common 150

**EQUIPMENT**

Pumptrk	No.	Cementer		Poz. Mix
		Helper	<u>Nick</u>	
Bulktrk	No.	Driver	<u>Billy</u>	Gel. <u>3</u>
		Driver	<u>Rick</u>	Calcium <u>5</u>

Remarks: Cement did Circulate Halls

Rat Hole Salt

Mouse Hole Flowseal

Centralizers Kol-Seal

Baskets Mud CLR 48

D/V or Port Collar CFL-117 or CD110 CAF 38

Sand

Handling 158

Mileage

**FLOAT EQUIPMENT**

Guide Shoe

Centralizer

Baskets

AFU Inserts

Float Shoe

Latch Down

Pumptrk Charge Surface Tax  
Mileage 49 Discount  
Total Charge

X Signature [Signature]

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

0757

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No.

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
5-2-13	34	9	24	Greene	Kansas		2:30 PM

Location: #534

Lease	Well No.	Owner
Contractor		To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Type Job	2 Stage (Bottom)	Charge To
Hole Size	T.D. 4.151	To
Csg.	Depth 4,153.26	Street
Tbg. Size	Depth	City
Tool	Depth	State
Cement Left in Csg.	Shoe Joint 9.50"	The above was done to satisfaction and supervision of owner agent or contractor.
		Cement Amount Ordered

Meas Line 54w 47m Displace 1012615

EQUIPMENT			Common
Pumptrk	No.	Cementor Helper	175 @ pro-c
Bulktrk	No.	Driver	Poz. Mix
Bulktrk	No.	Driver	Gel.
Bulktrk	No.	Driver	Calcium

JOB SERVICES & REMARKS		
Remarks:		Hulls KCL 2 gal
Rat Hole		Salt 115
Mouse Hole		Flowseal 43#
Centralizers	3, 4, 5, 6, 7, 8, 9, 11, 13, 48	Kol-Seal 875#
Baskets	4, 14, 49	Mud CLR 48
D/V or Port Collar	#49	CFL-117 or CD110 CAF 38
		Sand
		Handling 196
		Mileage

FLOAT EQUIPMENT		
		Guide Shoe
		Centralizer 10 1/2" x 11 1/2"
		Baskets 3 5/8"
		AFU Inserts
		Float Shoe (5 1/2" w/ BALL)
		Latch Down 5 1/2" w/ BALL
		D/V OR ASSEMBLY
		10 PULLS KCL
		Pumptrk Charge prod long string
		Mileage 491

	Tax
	Discount
	Total Charge

X Signature

Bottom Stage

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

0760

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No.

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
5-2-13	34	9	24	Osage	KS		7:00 PM

Location

Lease	Well No.	Owner
Contractor		To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Type Job		Charge To
Hole Size	T.D.	Street
Csg.	Depth	City
Tbg. Size	Depth	State
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg.	Shoe Joint	Cement Amount Ordered

Meas Line	Displace	Common
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**EQUIPMENT**

Pumptrk	No.	Cementor Helper	Poz. Mix
Bulktrk	No.	Driver	Gel.
Bulktrk	No.	Driver	Calcium

**JOB SERVICES & REMARKS**

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
	Sand
	Handling
	Mileage

**FLOAT EQUIPMENT**

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

	Pumptrk Charge	Top stage
	Mileage	

	Tax
	Discount
	Total Charge

X Signature