



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



1168248

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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802 N. Industrial Rd.  
P.O. Box 664  
Iola, Kansas 66749  
Phone: (620) 365-6588

# Payless Concrete Products, Inc.



**CONDITIONS**  
Contracts to be delivered to the nearest accessible point (well, private road, under trucks, etc.) power. Due to delivery of owner's or intermediary's location, weather, delays, obstructions, etc., changes in any manner by customer, including, but not limited to, delays, etc., which are all customer's risk. The maximum allowed time for unloading is 15 minutes per yard. A charge will be made for loading, unloading, etc. This company's concrete mixer contains no strength or air indicators. We do not assume responsibility for strength test results unless a written request is made.  
**NOTICE TO CUSTOMER**  
It is the policy of this contractor to pay those people supplying material or services to complete this contract. Our goal is to keep a check on the people which is the subject of the contract.

CARTON  
CASH CUSTOMER

B-6

PH 7720  
JEROME THOMPSON / THOMPSON CO.  
BILL TO: 6600 N. DAKOTA RD  
DEL TO: MARSHALL RD  
BURN W. DOWN LEASE RD  
IOLA, KS 66749 WELLS #106

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	YARDS DEL	BATCH#	DRIVER/TRUCK	PLAN/TRANSACTION #
10:01:40p	WEL	11.50 yd	11.50 yd	11.50 yd	1074	0/00	0000
DATE	LOAD #	YARDS DEL	BATCH#	WATER TREN	SLUMP	TICKET NUMBER	
10-03-13	1	11.50 yd	1074	0/yd	0.00	4.000 1.0	31159

**WARNING**  
**IRRITATING TO THE SKIN AND EYES**  
Concrete Portland Cement, Fly Ash, and Silica Fume. EXCESSIVE CONTACT MAY CAUSE BURNS, ITCHING, CONTACT DERMATITIS, AND IRRITATION OF THE SKIN. If Contact With Skin or Eyes, Flush Thoroughly With Water. If Irritation Occurs, Get Medical Attention. KEEP OUT OF REACH OF CHILDREN.

CONCRETE'S DURABLE CHARACTERISTICS AND PROPERTIES ARE DEPENDENT UPON PROPER MIXING, PLACING, AND CURING. READ AND FOLLOW ALL INSTRUCTIONS CAREFULLY. For more information, contact your local distributor or call 1-800-368-6588.

The undersigned certifies that the above information is true and correct to the best of his knowledge.

All concrete placed within 30 days of delivery will be subject to the above terms.

Not responsible for loading, unloading, or other damage to the truck or trailer. If damage occurs, it is the responsibility of the customer.

A \$5 Service Charge and title of the Cash Receipt will be added on all returned checks.

Copyright 2003 Payless Concrete Products, Inc.

**EXCESSIVE WATER IS DETRIMENTAL TO CONCRETE PERFORMANCE**  
H<sub>2</sub>O Added By Request Authorized By  
GAL X

WEIGHMASTER

NOTE: BY SIGNATURE BELOW INDICATES THAT I HAVE READ THE ABOVE WARNING NOTICE AND SIGNATURE WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHILE OPERATING ABOVE EQUIPMENT.

WELLS #106

X *Jerome Thompson*

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
11.50	WELL	WELL (10 YARDS PER UNIT)	53.00	608.50
1.00	TRUCKING	TRUCKING CHARGE	55.00	55.00
11.50	MIX & HAUL	MIXING & HAULING	25.00	287.50

RETURNED TO PLANT	LEFT JOB	EMERGENCY UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED	Subtotal \$
		2:44	1. CRANE READY 2. SLOW POURING PLUMB 3. TRUCK AILED ON JOB 4. CONTRACTOR SHUT DOWN 5. RECONSTRUCTION		975.00
LEFT PLANT	ARRIVED JOB	START UNLOADING	6. TRUCK HOOKS BOUND 7. ACCIDENT 8. CRANE 9. OTHER		Tax % 7.4000 72.15
2:20	2:25	2:30			Total \$ 1047.15
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME			ADDITIONAL CHARGE 1
					ADDITIONAL CHARGE 2
					<b>GRAND TOTAL</b>



E K Energy LLC  
1495 3000 St.  
Moran, Ks. 66755  
620-496-2526/620-852-3456  
License # 33977

### CEMENT RECORD

Company: Thompson Oil

Date 10/3/2013

Lease: Monfort

Well: B-6

Hole size & depth: 6 3/4 - 890'

Casing size & depth: 4 1/2 - 870'

#### Remarks:

Established circulation with 10 BBI water.  
Pump 115 sacks cement displaced with water.  
Good returns, cement to surface.