



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: \_\_\_\_\_



1168391

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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Miami County, KS  
Well: Hamilton 24-1  
Lease Owner: Excel Oil and Gas

Town Oilfield Service, Inc.  
(913) 837-8400

Commenced Spudding:  
10-22-2013

WELL LOG

Thickness of Strata	Formation	Total Depth
21	soil/clay	21
43	shale	64
18	lime	82
23	shale	105
5	lime	110
43	shale	153
9	lime	162
3	shale	165
4	lime	169
11	shale	180
27	lime	207
3	shale	210
2	coal	212
3	shale	215
22	lime	237
5	shale	242
5	lime	247
3	shale	250
4	lime	254
26	shale	280
10	sandy shale	290
63	shale	253
2	lime and sand	255
5	sandy shale	360
13	shale	373
2	lime	375
11	shale	386
2	sandy lime and sand	388
1	sand	389
1	sand	390
4	sand	394
1	sand	395
3	sand	398
1	sand	399
1	sand	400
1	sand	401
5	broken sand	406
17	lime	423
44	shale	467
7	lime	474



# Short Cuts

## TANK CAPACITY

BBLS. (42 gal.) equals  $D^2 \times 1.4 \times h$

D equals diameter in feet.

h equals height in feet.

## BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals BPH x PSI x .0004

BPH - barrels per hour

PSI - pounds square inch

## TO FIGURE PUMP DRIVES

\* D - Diameter of Pump Sheave

\* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

\*C - Shaft Center Distance

D -  $RPM \times d$  over  $SPM \times R$

d -  $SPM \times R \times D$  over RPM

SPM -  $RPM \times D$  over  $R \times d$

R -  $RPM \times D$  over  $SPM \times d$

BELT LENGTH -  $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

\* Need these to figure belt length

TO FIGURE AMPS:  $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

# Log Book

Well No. 24-1

Farm Hamilton

KS Miami  
(State) (County)

24 17 21  
(Section) (Township) (Range)

For Excel Oil & Gas  
(Well Owner)

## Town Oilfield Services, Inc.

1207 N. 1st East  
Louisburg, KS 66053  
913-710-5400

Hamilton Farm: Miami County

25 State; Well No. 241

Elevation 919

Commenced Spuding 12-22 2013

Finished Drilling 12-23 2013

Driller's Name David Weaver

Driller's Name \_\_\_\_\_

Driller's Name \_\_\_\_\_

Tool Dresser's Name Code Holcomb

Tool Dresser's Name \_\_\_\_\_

Tool Dresser's Name \_\_\_\_\_

Contractor's Name TOS

24 17 21

(Section) (Township) (Range)

Distance from S line, 165 ft.

Distance from E line, 4455 ft.

3 - sacks  
**CASING AND TUBING  
RECORD**

10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_

~~8 1/2~~ Set 20' 8" Pulled \_\_\_\_\_

6 1/4" Set \_\_\_\_\_ 6 1/4" Pulled \_\_\_\_\_

4 1/2" Set 443.15 4" Pulled \_\_\_\_\_

2" Set \_\_\_\_\_ 2" Pulled \_\_\_\_\_

600 TD



Thickness of Strata	Formation	Total Depth	Remarks
21	soil / clay	21	
43	shale	64	
18	Lime	82	
23	shale	105	
5	Lime	110	
43	shale	153	
9	Lime	162	
3	shale	165	
4	Lime	169	
11	shale	180	
27	Lime	207	
3	shale	210	
2	coal	212	
3	shale	215	
22	Lime	237	
5	shale	242	
5	Lime	247	
3	shale	250	
4	Lime	254	Harder
26	shale	280	
10	sandy shale	290	
63	shale	353	
2	Limet sand	355	
5	sand	360	no oil, grey
13	shale	373	
2	Lime	375	
11	shale	386	

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Thickness of Strata	Formation	Total Depth	Remarks
2	early limestone	358	
1	sand	384	5% oil
1	sand	390	40% - 50% oil, slight bleeding
4	sand	394	no oil
1	sand	395	2% oil
3	sand	398	25% - 30% oil
1	sand	399	2% oil
1	sand	400	60% - 70% oil
1	sand	401	2% - 5% oil
5	Broken sand	406	no oil
17	Lime	423	
44	shale	467	
7	Lime	474	
4	Broken sand	478	no oil
9	shale	487	
2	Lime	489	
14	shale	503	
6	Lime	509	
17	shale	526	
3	Lime	529	
2	shale	531	
2	shale	533	
5	Lime	538	oil, little oil
1	shale	539	
1	sand	540	no oil
4	Broken sand	544	no oil
5	sand	549	no oil







**CONSOLIDATED**  
Oil Well Services, LLC

263477

TICKET NUMBER 44764  
LOCATION Ottawa, KS  
FOREMAN Casen Kennedy

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
10/23/13	2024	Hamilton #24-1	SW 24	17	21	MI
CUSTOMER Excel Oil & Gas			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS PO Box 608			481	Cashen	✓ Safety Meeting	
CITY Bucyrus	STATE KS	ZIP CODE 66013	1000	Gar Moo	✓	
			503	Set Tuc	✓	
			370	Kei Car	✓	

JOB TYPE logstring HOLE SIZE 6 3/4" HOLE DEPTH 4600' CASING SIZE & WEIGHT 4 1/2"  
CASING DEPTH 443' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
DISPLACEMENT 7.07 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 12 bbls fresh water, mixed & pumped 98 sks 50/50 Pozmix cement w/ 2% gel per sk, flushed pump clean, pumped 4 1/2" rubber plug to casing TD w/ 7.07 bbls fresh water, cement to surface, pressured to 800 PSI, released pressure.

*[Handwritten signature]*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	20 mi	MILEAGE		84.00
5402	443'	casing footage		
5407	minimum	tax mileage		368.00
5502	2 hrs	80 Uac		180.00
1124	98 sks	50/50 Pozmix cement		1127.00
1118B	365 #	Premium Gel		80.30
4404	1	4 1/2" rubber plug		47.28
			7.4%	SALES TAX
				ESTIMATED TOTAL
				3064.39

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