



**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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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802 N. Industrial Rd.  
 P.O. Box 664  
 Iola, Kansas 66749  
 Phone: (620) 365-5588

# Payless Concrete Products, Inc.



**CONDITIONS:**  
 Concrete to be delivered to the above location will only be made when  
 order truck's own power. Free delivery of concrete of minimum 100 cubic yards.  
 Seller assumes no responsibility for damage to any structure, driveway,  
 roadway, sidewalks, buildings, lawns, etc., which are of customer's  
 risk. This however a total time for holding trucks is 15 minutes per yard. A  
 charge will be made for holding trucks longer. This company cannot accept  
 other contracts for strength of mix indicated. Will not assume responsibility for  
 strength test when same is subject of customer's request.  
**NOTICE TO OWNER**  
 Failure of this contractor to pay third persons supplying material or services to  
 complete this contract will result in the filing of a mechanic's lien on the property  
 which is the subject of the contract.

TH006  
 THOMPSON DTI-60,  
 2260 N. DAKOTA RD.

3

TH7/20  
 JEROME THOMPSON/THOMPSON GIL  
 BILL TO: 2260 N DAKOTA RD  
 DEL TO: MARSHALL OR RED  
 BARN W DOWN LEASE RD  
 IOLA, KS-66749 HUNFORD WELL #23

IOEA KB  
 66749

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% C&I	DRIVER/TRUCK	PLANT/TRANSACTION #
12:18:24p	WELL	11.50 yd	11.50 yd	0.00	MH 32	ALLCO
DATE	o Date	LOAD #	YARDS DEL	I. BATCH#	WATER TRIM	TICKET NUMBER
11-04-13	today	1	11.50 yd	25360	0 yd 0.0 4.00 in	35416

**WARNING**  
 IRRITATING TO THE SKIN AND EYES

**EMERGENCY SERVICE RELEASE**  
 60 DAYS OF DELIVERY TO BE MAINTAINED...  
 Dear Customer: The color of this concrete is intended to be...  
 to the concrete...  
 to help the concrete...  
 to help the concrete...  
 to help the concrete...

Excessive Water is Detrimental to Concrete Performance  
 H<sub>2</sub>O Added By Request (Authorized By)  
 GAL X  
 SPECIAL MASTER  
 NOTICE BY SIGNATURE BELOW THE GATES THAT I HAVE READ THE HEALTH HAZARD NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB USE  
 UNDESIGNED BY  
 X [Signature]

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
11.50	WELL	WELL (10 SACKS PER UNIT)	55.00	632.50
1.00	TRUCKING	TRUCKING CHARGE	55.00	55.00
11.50	WTX&HUI	MIXING & HAULING	25.00	287.50

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION (Cylinder Test Taken)	NAME ALLOWED
			1. STANDING 5. TRUCK WROTE DOWN 2. SAND FINDER PLAY 6. ACCIDENT 3. TRUCK AND/OR JOB 7. CRASHED 4. CONCRETE MORE OWN 8. OTHER 5. ADDED WATER	
LEFT PLANT	ARRIVED JOB	START UNLOADING		
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME

SubTotal \$ 975.00  
 Tax % 7.400 72.15  
 Total \$ 1047.15  
 Order \$ 1047.15  
 ADDITIONAL CHARGE 1  
 ADDITIONAL CHARGE 2  
 GRAND TOTAL



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

### CEMENT RECORD

Company: Thompson Oil

Date 11-4-2013

Lease: Morfort

Well: D-3

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

Casing size & depth: 4 1/2 - 854'

#### Remarks:

Established Circulation with 10 BBI water  
Pumped 115 sacks cement, cement to surface.  
Displaced casing with water. Good Returns.