



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



1169176

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

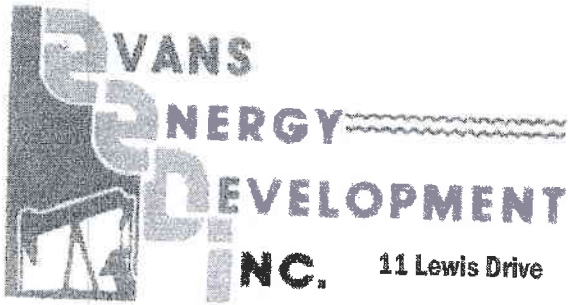
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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**INC.**

11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling  
Water Wells  
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

**WELL LOG**

L & P Enterprises, LLC

Donner #D12

API#15-121-29,594

September 11 - September 12, 2013

Thickness of Strata

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
9	broken lime	15
5	shale	20
11	lime	31
12	shale	43
25	lime	68
4	shale	72
4	lime	76
2	shale	78
17	lime	95
90	shale	185
8	lime	193
4	shale	197
7	lime	204
32	shale	236
7	lime	243
38	shale	281
9	lime	290
15	shale	305
25	lime	330
13	shale	343
18	lime	361 oil show
4	shale	365
5	lime	370
3	shale	373
6	lime	379 base of the Kansas City
24	shale	403
4	broken sand	407 limey brown & grey sand, ok bleeding
3	oil sand	410 brown sand, good bleeding
3	broken sand	413 brown sand & shale, ok bleeding
3	silty shale	416
72	shale	488
3	sand	491 grey
4	oil sand	495
55	shale	550
4	lime	554
10	shale	564

6755-681.5

6	silty shale	570
20	shale	590
6	lime	596
16	shale	612
3	lime	615
3	shale	618
1	coal	619
44	shale	663
1	lime	664
7	shale	671
<del>4</del>	silty shale	675 light, oil show
0.5	broken sand	675.5 15% brown sand, 85% shale light bleeding
2.5	broken sand	678 75% brown sand, 25% shale good bleeding
<del>3</del>	broken sand	681 60% brown, 40% shale, good bleeding
9	silty shale	690
32	shale	722 TD

675-681

Drilled a 9 7/8" hole to 22.5'  
 Drilled a 5 5/8" hole to 722'

Set 22.5' of 7" surface casing threaded and coupled cemented with 6 sacks of cement

Set 712' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp



**CONSOLIDATED**  
Oil Well Services, LLC

262303

TICKET NUMBER 42494  
LOCATION Ottawa  
FOREMAN Alan Made

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
9-12-13	4828	Donner	D-12	NW5	17	22	Mi
CUSTOMER <u>Hot P Enterprises</u>				TRUCK #			
MAILING ADDRESS <u>29975 Indianapolis</u>				DRIVER			
CITY <u>Paola</u>		STATE <u>KS</u>	ZIP CODE <u>66071</u>	TRUCK #		DRIVER	
				<u>516</u>		<u>Alan Made</u>	
				<u>308</u>		<u>Safety Meat</u>	
				<u>369</u>		<u>Der Mas</u>	
				<u>503</u>		<u>Mitchell</u>	

JOB TYPE loss string HOLE SIZE 5 7/8 HOLE DEPTH 722 CASING SIZE & WEIGHT 2 7/8  
CASING DEPTH 712 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING yes  
DISPLACEMENT 4.1 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate down casing.  
Mixed & pumped 100# gel followed by 100 sh 50/150  
cement plus 20# gel & 1/2# phenoseal per sack.  
Circulated cement. Flushed pump. Pumped plug to  
casing TD. Well held 800 PSI. Set float.  
Closed valve.

Erang Mitchell

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	20	MILEAGE	368	84.00
5402	712	casing footage	368	262016.00
5407	min	ten miles	368	368.00
5502 L	2	80 val	369	180.00
1124	100	50/150 cement		1150.00
1118B	268 #	gel		58.96
1107A	50 #	phenoseal		67.50
4402	1	2 1/2 plug		29.00
<b>Completed</b>				

Ravin 3737 AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
SALES TAX ESTIMATED TOTAL 96.64  
3119.60

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 fo