



Confidentiality Requested:

Yes No

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1201139

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Thomas Well Service, Inc.
Well Name	TAYLOR-BIRD T-9
Doc ID	1201139

Tops

Name	Top	Datum
Base KC	630	+383
Cherokee	873	+140
Coal Marker	1243	-230
U. McLouth SS, 24'	1263	-250
L. McLouth SS, 15'	1353	-340
Burgess SS, 1'	1416	-403
Mississippi LS	1417	-404
RTD	1418	-405

HAT DRILLING
12371 KS HWY 7
MOUND CITY, KS 66056
LICENSE # 33734

Taylor-Bird #T-9
API # 15-103-21321-00-00
SPUD DATE 8-31-11

Footage	Formation	Thickness	Set 41' of 8 5/8' TD 1418' Ran 1415' of 4 1/2
1	clay	1	
19	lime	18	
24	shale	5	
28	lime	4	
38	shale	10	
46	lime	8	
184	shale	138	
218	lime	34	
310	shale	92	
336	lime	26	
360	shale	24	
380	lime	20	
452	shale	72	
466	lime	14	
470	shale	4	
476	lime	6	
486	shale	10	
500	lime	14	
533	shale	33	
540	lime	7	
559	shale	19	
586	lime	27	
590	shale	4	
610	lime	20	
619	shale	9	
638	lime	19	
750	shale	112	
760	lime	10	
778	shale	18	
781	lime	3	
786	shale	5	
792	lime	6	
800	shale	8	
825	lime	25	
829	shale	4	
834	lime	5	
839	shale	5	
845	lime	6	
852	shale	7	
855	lime	3	
864	shale	9	
880	lime	16	

---CONTINUED (page 2)---

Taylor-Bird #T-9

Footage	Formation	Thickness
960	shale	80
965	lime	5
984	shale	19
995	lime	11
1000	shale	5
1013	lime	13
1124	shale	111
1130	lime	6
1144	shale	14
1155	lime	11
1352	shale	197
1370	sand	18
1416	shale, oil	46
1418	lime	2

Summary of Changes

Lease Name and Number: TAYLOR-BIRD T-9

API/Permit #: 15-103-21321-00-00

Doc ID: 1201139

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	03/15/2012	04/24/2014
Date of First or Resumed Production or SWD or Enhr Fracturing Question 1		8/21/2012 Yes
Fracturing Question 2		No
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=23&t	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=23&t1354-66
Perf_Depth_1		
Perf_Material_1		325 Brls Gel Frac with
Perf_Material_2		100# 16/30 Sd, 12,900# 12/20 Sd
Producing Method Pumping	No	Yes
Production - Barrels Oil		7

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Production - Barrels of Water		0
Production - Oil Gravity		21
Purchaser's Name		Coffeyville Resources
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1071030	../../../../kcc/detail/operatorEditDetail.cfm?docID=1201139
Tubing Record - Set At		1369
Tubing Size		2.375

Summary of Attachments

Lease Name and Number: TAYLOR-BIRD T-9

API: 15-103-21321-00-00

Doc ID: 1201139

Correction Number: 1

Attachment Name

T-9, Drillers Log