



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

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 DistributionALT I II III Approved by: _____ Date: _____



1245237

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)*

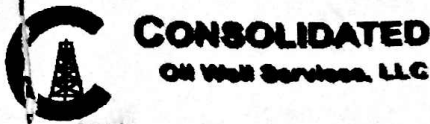
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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268542

TICKET NUMBER 47272
 LOCATION Ottawa
 FOREMAN Alan Mader

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
5.29.14	4448	Doherty KRJ-44	NW 24	17	22	mi

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Kansas Resources Ed D	730	Ala Mad	368	Joe Fedy
	368	Al Mad		Meat
	370	Joe Ric		
	510	Al Mad		

CUSTOMER MAILING ADDRESS: 9393 W 110th
 CITY: Overland Park, STATE: KS, ZIP CODE: 66210
 JOB TYPE: long string, HOLE SIZE: 5 7/8, HOLE DEPTH: 740, CASING SIZE & WEIGHT: 2 7/8
 CASING DEPTH: 722.30, DRILL PIPE, TUBING, OTHER: 690.50 bf
 SLURRY WEIGHT, SLURRY VOL, WATER gal/sk, CEMENT LEFT in CASING: YES
 DISPLACEMENT: 4.01, DISPLACEMENT PSI: 800, MIX PSI: 200, RATE: 4.5 bpm
 REMARKS: Held meetings. Established rate. Mixed & pumped 100# gel followed by 85 sk 50/50 cement plus 270 gal of 1/2# phen seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float.

TDS Chad

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00 ✓
5406	25	MILEAGE	368	10200 ✓
5402	722.30	Casing footage	368	✓
5407	1/2 min	ten miles	510	18000 ✓
5502C	1 1/2	80 vac	370	15000 ✓
1124	85	50/50 cement	97.50	✓
1118B	253 #	gel	55.66	✓
1101A	43 #	Phen seal	58.05	✓
		Material sub	1091.21	
		less 30% discount	-327.36	✓
		Material total		763.85
4402	1	2 1/2 plug		29.50 ✓
				2730.45 ✓
			SALES TAX	60.70 ✓
			ESTIMATED TOTAL	2378.05 ✓

completed

Ravin 3737

no company rep
 Jim Okid

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.

Miami County, KS
Well: Doherty KRI-44
Lease Owner: KsResExplor

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

Commenced Spudding: 5/23/14

WELL LOG

Thickness of Strata	Formation	Total Depth
		7
7	soil/clay	26
19	shale	48
22	lime	59
11	shale	64
5	lime	104
40	shale	118
14	lime	129
11	shale	156
27	lime	162
6	shale	181
19	lime	184
3	shale	201
17	lime	204
3	shale	207
3	lime and shale	224
17	shale	232
8	sand	246
14	sandy shale	316
70	shale	322
6	sandy shale	350
28	shale	354
4	sandy shale	355
1	broken sand	359
4	broken sand	364
5	broken sand	365
1	sandy lime	367
2	sandy lime	368
1	sandy lime	370
2	broken sand	371
1	sandy shale	372
1	sandy lime	374
2	sandy lime	375
1	sandy lime	378
3	sandy lime	379
1	sandy lime	380
1	broken sand	385
5	sandy lime	386
1	broken sand	389
3	shale and lime	391
2	shale	

Summary of Changes

Lease Name and Number: Doherty KRI-44

API/Permit #: 15-121-30372-00-00

Doc ID: 1245237

Correction Number: 4

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	03/04/2015	03/10/2015
CasingAdd_Type_PctP DF_1		N/A
CasingAdd_Type_PctP DF_2		N/A
CasingPurposeOfString PDF_2	Longstring	Production
CasingSettingDepthPD F_2	740	722
Date of First or Resumed Production or SWD or Enhr Disposition Of Gas - Vented	7/21/2014 Yes	 No
Fluid Mngmt - Fluid Volume	200	120
If Alternate II Completion - Cement Circulated From If Alternate II Completion - Cement Circulated To		0 740

Summary of changes for correction 4 continued

Field Name	Previous Value	New Value
If Alternate II Completion - Sacks of Cement		85
Method Of Completion - Perf	Yes	No
Plug Back Total Depth		690
Producing Method Pumping	Yes	No
Production Interval #1	370	
Production Interval #2	383	
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1244786	../../../../kcc/detail/operatorEditDetail.cfm?docID=1245237
TopsDatum1	-560	560
TopsName1	Cattleman	Wayside
Tubing Record - Set At	740	
Tubing Size	1	

Summary of Attachments

Lease Name and Number: Doherty KRI-44

API: 15-121-30372-00-00

Doc ID: 1245237

Correction Number: 4

Attachment Name