



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 \_\_\_\_\_      Date Reached TD      Completion Date or  
Recompletion Date                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 Distribution

ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1271734

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](mailto: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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 49904  
LOCATION Ottawa KS  
FOREMAN Fred Madu

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
11.13.15	3372	Richards # 14-16	SE 13	22	16	CF
CUSTOMER <u>Grand Mesa</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>1700 N Water front</u>			<u>712</u>	<u>F. Mad</u>		
CITY	STATE	ZIP CODE	<u>495</u>	<u>Har Bee</u>		
<u>Wichita</u>	<u>Ks</u>	<u>67206</u>	<u>675</u>	<u>Kidax</u>		
			<u>558</u>	<u>TraNor</u>		

JOB TYPE Plug HOLE SIZE — HOLE DEPTH — CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 1064' DRILL PIPE — TUBING — OTHER —  
 SLURRY WEIGHT — SLURRY VOL — WATER gal/sk — CEMENT LEFT in CASING Full  
 DISPLACEMENT N/A DISPLACEMENT PSI — MIX PSI — RATE 2 BPM

REMARKS: Hold Safety meeting. Establish injection rate into Formation.  
Mix & Pump 33 SKS 50/50 Por Blend I A Cement 6% Gel. 10 #  
Cottonseed hulls. Pressure to 1200 PSI. Shut in Casing.

McGraw Drilling

Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 450	1	PUMP CHARGE	495	
CE 6002	1/3 3.5 mi	MILEAGE	495	
CE 0711	1/3 M. Minimum	Ten Miles Delivery	55	
WE 0853	1 hr	80 BBL Vac Truck	675	
		Sub Total		
		50/50		
CC 5840	33 SKS	Por Blend I A Cement		
CC 5965	160 #	Bentonite Gel		
CC 6080	10 #	Cottonseed hulls.		
		Sub Total		

SALES TAX

ESTIMATED TOTAL

Revin 3737

AUTHORIZATION C. McGraw

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.

## Summary of Changes

Lease Name and Number: RICHARDS 14-16

API/Permit #: 15-031-23924-00-00

Doc ID: 1271734

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Additional Type And Percent Additive		6% Gel, 10# Cottonseed hulls
Approved Date	10/20/2014	11/18/2015
CasingAdd_Type_PctP DF_1		None
Cementing Purpose Plug Back TD	No	Yes
CementingDepth1_PDF	-	0-1082
CementingDepthBase1		1082
CementingDepthTop1		0
Completion Or Recompletion Date	10/09/2014	11/13/2015
Date of First or Resumed Production or SWD or Enhr Field Name	10/09/2014	
	Wildcat	Forest City Coal Gas Area

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number Of Sacks Used for Cementing / Squeezing- Line 1		33
Producing Method Pumping	Yes	No
Production - Barrels Oil	2	
Production - Barrels of Water	2	
Production - MCF Gas	0	
Purchaser's Name	Coffeyville Resources	None
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1228061	../../../../kcc/detail/operatorEditDetail.cfm?docID=1271734
TopsDatum2		None
TopsDepth2		None
Tubing Set At	1064	
Tubing Size	2.875	
Type Of Cement Used for Cementing / Squeezing - Line 1		50/50 Pozblend IA
Well Type	OIL	DH

## Summary of Attachments

Lease Name and Number: RICHARDS 14-16

API: 15-031-23924-00-00

Doc ID: 1271734

Correction Number: 1

Attachment Name

Plugging cement ticket