

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

 Yes No

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 SWGPS 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: _____

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Miami County, KS
 Well: Snouffer I-4
 Lease Owner: Triple T

Town Oilfield Service, Inc.
 (913) 294-2125

Commenced Spudding:
 12/8/16

WELL LOG

Thickness of Strata	Formation	Total Depth
0-20	Soil-Clay	20
14	Lime	34
9	Shale	43
3	Lime	46
20	Shale	66
14	Sand	80
7	Shale	87
16	Lime	103
15	Shale	118
12	Lime	1360
2	Shale	132
12	Lime	144
9	Shale	153
19	Lime	172
4	Shale	176
2	Lime	178
7	Shale	185
4	Lime	189
24	Shale	213
23	Sandy Shale	236
11	Shale	247
7	Sandy Shale	254
53	Shale	307
5	Sand	312
11	Shale	323
3	Lime	326
19	Shale	345
3	Lime	348
2	Sand	350
1	Shale	351
1	Limey Sand	352
3	Sandy Shale	355
1	Sand & Sandy Shale	356
7	Sand	363
3	Sand	366
2	Sand	368
1	Sand	369
1	Sand	370
8	Sand	378
8	Limey Sand	386

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times .14 \times h$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals $BPH \times PSI \times .0004$

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. I-4

Farm Snuffer

KS Miami
(State) (County)

29 16 24
(Section) (Township) (Range)

For Triple T Oil
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East
Louisburg, KS 66053
913-710-5400

Snowflor Farm: Miami County
KS State; Well No. I-4
 Elevation 425
 Commenced Spuding 12-8 20 16
 Finished Drilling 12-9 20 16
 Driller's Name Wesley Dollard
 Driller's Name _____
 Driller's Name _____
 Tool Dresser's Name Ryan Ward
 Tool Dresser's Name _____
 Tool Dresser's Name _____
 Contractor's Name TOS
29 16 24

(Section) (Township) (Range)
 Distance from 5 line, 1650 ft.
 Distance from E line, 4290 ft.

3 sacks
 8 hrs
 5 7/8 borehole
 2 7/8 casing

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set _____ 8" Pulled _____
 7 1/2" Set 24 6 1/2" Pulled _____
 4" Set _____ 4" Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
421-		Borehole			
452-		Cement			
480		TD	2	7	1/8

Thickness of Strata	Formation	Total Depth	Remarks
0-20	soil-clay	20	
17	Lime	37	
9	Shale	46	
3	Lime	49	
20	Shale	69	
14	Sand	83	broken - good oil show
7	Shale	90	
16	Lime	106	
15	Shale	121	
12	Lime	133	
2	Shale	135	
12	Lime	147	
9	Shale	156	
19	Lime	175	
4	Shale	179	
2	Lime	181	
7	Shale	188	
4	Lime	192	Hardly
24	Shale	216	
23	sandy shale	239	
11	Shale	250	
7	sandy shale	257	
53	Shale	310	
5	sand	315	broken - good oil show
11	Shale	326	
3	Lime	329	
19	Shale	348	

345

Thickness of Strata	Formation	Total Depth	Remarks
3	Lime	348	
2	Sand	350	no oil
1	Shale	351	
1	limy sand	352	no oil
3	Sandy shale	355	
1	sand & sandy shale	356	odor
7	sand	363	solid - OK oil show
3	sand	366	broken - good saturation
2	sand	368	no oil
1	sand	369	solid - good saturation
1	sand	370	no oil
8	sand	378	mostly solid - good saturation
8	limy sand	386	no oil
13	Shale	399	
5	Lime	404	
4	Shale	408	
6	Lime	414	
7	Shale	421	
8	Lime	429	
17	Shale	446	
4	Lime	450	
30	Shale	480	TD

Town Oilfield Service

PO Box 339 Louisburg, KS 66053
913-294-2125

Ticket # _____
Location _____
Foreman _____

Field Ticket & Treatment Report Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
12-9-16		Smoutter J-4	29	16	24	MI
Customer		Mailing Address				
City			State		Zip Code	

Job Type log string Hole Size 5 5/8 Hole Depth 480 Casing Size & Weight 2 7/8

Casing Depth 452 Drill Pipe _____ Tubing _____ Other _____

Displacement _____ Displacement PSI _____ Mix PSI _____ Rate _____

Remarks _____

Quantity or Units	Description of Service or Product	Unit Price	Total
	Pump Charge		400
	Cement Truck		150
	Water Truck		0
58	Cement	9	522
	Gel		
	Plug		25
	Estimated Total:		1097

Authorization [Signature] Title _____ Date _____

Summary of Changes

Lease Name and Number: SNOUFFER I-4

API/Permit #: 15-121-31315-00-00

Doc ID: 1330958

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	01/26/2017	01/31/2017
Date of First or Resumed Production or SWD or Enhr Producing Method Pumping	No	12/10/2016 Yes
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1325914	../kcc/detail/operatorEditDetail.cfm?docID=1330958
Well Type	EOR	OIL

Summary of Attachments

Lease Name and Number: SNOUFFER I-4

API: 15-121-31315-00-00

Doc ID: 1330958

Correction Number: 1

Attachment Name

Cement Ticket, Drillers log