

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

COPY

Operator: License # 31021
Name: Castelli Exploration, Inc.
Address: 9500 Westgate Drive - Suite 101
City/State/Zip: Oklahoma City, OK 73162
Purchaser: _____
Operator Contact Person: Tom Castelli
Phone: (405) 722-5511
Contractor: Name: Duke Drilling Co., Inc.
License: 5929
Wellsite Geologist: _____
Designate Type of Completion:
____ New Well ____ Re-Entry ☒ Workover
____ Oil ____ SWD ____ SIOW ____ Temp. Abd.
☒ Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)
Workover/Re-entry: Old Well Info as follows:
Operator: J.M. Huber Corporation
Well Name: Einsel Biddle #4
Original Comp. Date: 07-06-82 Original Total Depth: 5235'
____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
____ Plug Back ____ Plug Back Total Depth
____ Commingled ____ Docket No. ____
____ Dual Completion ____ Docket No. ____
____ Other (SWD or Enhr.?) ____ Docket No. ____
14-10-02 04-12-02 5-2-02
Spud Date or Date Reached TD Completion Date or
Recompletion Date

API No. 15 - 033-20564-0001
County: Comanche County, Kansas
C SW SW Sec. 12 Twp. 33 S. R. 17 ☐ East ☒ West
660 feet from (S) N (circle one) Line of Section
660 feet from E (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Einsel "OWWO" Well #: 1-12
Field Name: Shiner
Producing Formation: Fort Scott
Elevation: Ground: 1896' Kelly Bushing: 1907'
Total Depth: 5239' Plug Back Total Depth: _____
Amount of Surface Pipe existing and Cemented at 619 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 Workover #2, Einsel #4 15-02
(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 No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Thomas P. Price
Title: President Date: 6/5/02
Described and sworn to before me this _____ day of June
2002
Notary Public: Thomas P. Price
Notary Commission Expires: February 10, 2005

KCC Office Use ONLY

☒ Letter of Confidentiality Attached
If Denied, Yes ☐ Date: _____
☐ Wireline Log Received
☒ Geologist Report Received
☐ UIC Distribution

Operator Name: **Castelli Exploration, Inc.** Lease Name: **Einsel "OWWO"** Well #: **1-12**
 Sec. **12** Twp. **33** S. R. **17** ☐ East ☒ West County: **Comanche County, Kansas**

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☐ Yes ☒ No

(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☐ Yes ☒ No

(Submit Copy)

List All E. Logs Run:

None

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum

CASING RECORD ☐ New ☐ 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	# Sacjs Used	Type and Percent Additives
existing Surface		8-5/8"	24#	609'			
Production	7-7/8"	4-1/2"	10.5#	5238'	50/50 Poz	200	

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 (Amount and Kind of Material Used)	Depth
2 SPF	5062 - 5078'	2000 Gal 15% MCA	
	CIBP @ 5025'		
4 SPF	4984' - 4990'	750 Gals 15% HCL, FAC 3000 gals	
		H2O FAC G+3000 gal 20% HCL	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	4943'	None	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method
WOPL	<input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Specify)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	200	2		

Disposition of Gas **METHOD OF COMPLETION** **200** **2** **Production Interval**

☐ Vented ☒ Sold ☐ Used on Lease
 (If vented, Submit ACO-18.)

☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify)

