

OIL & GAS CONSERVATION DIVISION

ORIGINAL

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 5953  
 Name: A.R.&R.Ltd.  
 Address 1: 6213 Sawgrass Pl.  
 Address 2: \_\_\_\_\_  
 City: Bartlesville State: OK Zip: 74006  
 Contact Person: Andy Park  
 Phone: (620) 252-5009  
 CONTRACTOR: License # 34133  
 Name: Kurtis Drilling  
 Wellsite Geologist: Andy Park  
 Purchaser: Pacer

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  
 Conv. to GSW  
 Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled    Permit #: \_\_\_\_\_  
 Dual Completion    Permit #: \_\_\_\_\_  
 SWD    Permit #: \_\_\_\_\_  
 ENHR    Permit #: \_\_\_\_\_  
 GSW    Permit #: \_\_\_\_\_

<u>3-20-10</u>	<u>3-24-10</u>	<u>3-29-10</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-31930 -0000  
 Spot Description: \_\_\_\_\_  
se se ne ne Sec. 30 Twp. 34 S. R. 14  East  West  
4137 Feet from  North /  South Line of Section  
195 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE     NW     SE     SW  
 County: Montgomery  
 Lease Name: Kincaid Well #: 1 Weiser

Field Name: Wayside/Havana  
 Producing Formation: Burgess

Elevation: Ground: 828 Kelly Bushing: \_\_\_\_\_  
 Total Depth: 1650 Plug Back Total Depth: \_\_\_\_\_  
 Amount of Surface Pipe Set and Cemented at: 21 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 #: \_\_\_\_\_

**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.

**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.

Signature: Andy Park  
Agent    Date: 10-8-10

**KCC Office Use ONLY**

- Letter of Confidentiality Received  
 Date: \_\_\_\_\_  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution    Alt 2-Dlg - 10/19/10

Operator Name: A.R.&R.Ltd. Lease Name: Kincaid Well #: 1 Weiser  
 Sec. 30 Twp 34 S. R. 14  East  West County: Montgomery

**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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Altamont lm</td> <td>763</td> <td></td> </tr> <tr> <td>Oswego lm</td> <td>1036</td> <td></td> </tr> <tr> <td>Mississippi</td> <td>1604</td> <td></td> </tr> </table>	Name	Top	Datum	Altamont lm	763		Oswego lm	1036		Mississippi	1604	
Name	Top	Datum											
Altamont lm	763												
Oswego lm	1036												
Mississippi	1604												

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
surface	10	7 inch		21	portland	9	
production	8 5/8	2 7/8		1647	thick set	160	

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	1557 to 1565 RECEIVED	60 gal 15% Hcl	
	OCT 14 2010		
	KCC WICHITA		

TUBING RECORD: Size: <u>1 inch</u> Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR: <u>4-1-10</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>2.5</u>	Gas Mcf <u>0</u>	Water Bbls. <u>23.5</u> Gas-Oil Ratio _____ Gravity <u>29</u>

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other: (Specify) _____	PRODUCTION INTERVAL: <u>1557 to 1565</u>
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CONSOLIDATED OIL WELL SERVICES, INC.  
 P.O. BOX 884, CHANUTE, KS 66720  
 620-431-9210 OR 800-467-8676

TICKET NUMBER 14688  
 LOCATION Brownville  
 FOREMAN Tom Ball

TREATMENT REPORT & FIELD TICKET  
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/26/10		Kennel #1	30	24S	19E	Wichita
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY		STATE	ZIP CODE	TRUCK #		
			DRIVER			

JOB TYPE 1-9 HOLE SIZE 5 1/2 HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 2 3/8  
 CASING DEPTH 1647 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk 7 CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 2.5 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Set back of cementation was done at 1647' with 4 bags and 4 pumps.  
Knockout pump and cementation done at 1647' and started pumping slurry.  
We shut cementation at 1647' until 9:50 AM. Cementation was  
well left until they finished at 9:50 AM and shut in at 1647'. Slurry  
was not holding.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
1101	1	PUMP CHARGE		700.00
1106	30	MILEAGE		106.50
1107	1	beta tank		305.00
1108	1647	1 bag		329.10
1109	3 bags	3 bags		324.00
<b>RECEIVED</b>				
<b>OCT 14 2010</b>				
<b>KCC WICHITA</b>				
1101	161200	161200		8538.00
1106	700	700		112.00
1107	20	20		44.80
1108	1647	1647		58.20
1109	1	1		23.00
<u>4329.10</u>				
				5.3
SALES TAX				147.86
ESTIMATED TOTAL				4724.00

AUTHORIZATION [Signature] TITLE Agent DATE \_\_\_\_\_