

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
OIL & GAS CONSERVATION FORM

Form Must Be Typed
Form must be Signed
All blanks must be Filled

### WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #   A	PI No. 15
	pot Description:
1607 Honewell Road	SW_SE_NE_NE_Sec. 19 Twp. 12 S. R. 19 ☐ East V West
	1,260 Feet from ▼ North / □ South Line of Section
City: Hays State: KS Zip: 67601 +	Feet from ✓ East / West Line of Section
	ootages Calculated from Nearest Outside Section Corner:
Phone: ( 785 ) 625-5013	✓ NE □NW □SE □SW
	county: Ellis
CONTRACTOR: License # _ 5164	ease Name: Vonfeldt Staab Well #: 3
Wellsite Geologist: NA F	ield Name: Crathorne Northwest
	Producing Formation: NA
	elevation: Ground: 2191 Kelly Bushing: 2196
	otal Depth: 1576 Plug Back Total Depth: 1572
	mount of Surface Pipe Set and Cemented at: 215 Feet
	fultiple Stage Cementing Collar Used? ☐ Yes 📝 No
	yes, show depth set: Feet
CM (Coal Bed Methane)	Alternate II completion, cement circulated from:
	eet depth to: surface w/ 380 sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Prilling Fluid Management Plan
! •	Data must be collected from the Reserve Pit)
	chloride content: 35000 ppm Fluid volume: 30 bbls
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Dewatering method used: Air dry
	ocation of fluid disposal if hauled offsite:
Commission Parmit #:	Operator Name:
Dual Completion Permit #:	ease Name: License #:
CWD Pormit #:	Quarter Sec TwpS. R
ENHR Permit #:	
GSW Permit #.	County: Permit #:
6-24-2011 6-26-2011 7-05-2011	•
Spud Date or Date Reached TD Completion Date or Recompletion Date	
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas 67202, within 120 days of the spud date, recompletion, workover or conver of side two of this form will be held confidential for a period of 12 months if request tiality in excess of 12 months). One copy of all wireline logs and geologist well repose ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all plugged wells.	rsion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information led in writing and submitted with the form (see rule 82-3-107 for confidendard beautiful be attached with this form. ALL CEMENTING TICKETS MUST
AFFIDAVIT	KCC Office Use ONLY
I am the affiant and I hereby certify that all requirements of the statutes, rules and regu-	Letter of Confidentiality Received RECEIVED
lations 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.	Date:
and the statements retent are complete and confect to the best of my knowledge.	Confidential Release Date: JUL 2 1 2011
Tankar Danh	Wireline Log Received
Signature: 7 00 1/	Geologist Report Received KCC WICHTA
Title: Owner Date: 7-20-//	ALT I VII III Approved by: Deate: 7(27)

Sec. 19 Twp.12 S. R. 19	ature, fluid ctric Wire-			
ime tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature covery, 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 logs surveyed. Attach final geological well site report.    Orill Stem Tests Taken	ature, fluid ctric Wire-			
(Attach Additional Sheets)  Name Top Datus Anhydrite 1565  Cores Taken Yes No Electric Log Run Yes No Electric Log Submitted Electronically (If no, Submit Copy)  List All E. Logs Run:  CASING RECORD New Used  Report all strings set-conductor, surface, intermediate, production, etc.  Purpose of String Size Hole Drilled Set (in O.D.) Lbs./Ft. Depth Cement Used Additiv  Surface Casing 12 1/4" 8 5/8" 23 215' Common 150 2%Gel, 3%	I Percent tives			
Name Top Dature Anhydrite 1565  Name Anhydrite 1565	I Percent tives			
Cores Taken	tives			
CASING RECORD New Used  Report all strings set-conductor, surface, intermediate, production, etc.  Purpose of String Size Hole Drilled Set (In O.D.) Weight Setting Type of Weight Cement Used Additiv  Surface Casing 12 1/4" 8 5/8" 23 215' Common 150 2%Gel, 3%	tives			
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Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additiv	tives			
Surface States   12 m   5 m	% CC			
7 7 70" F 4/0" 15 1573' Common 380				
Production Casing 7 7/8" 5 1/2" 15 1573' Common 380				
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose: Depth Top Bottom Type of Cement # Sacks Used Type and Percent Additives	Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone				
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth			
1 SPF 1120'-1170' w/Strip Jets Swab to clean up				
REC	CEIVE			
JÚL	2 1 20			
TUBING RECORD: Size: Set At: Packer At: Liner Run: 2 3/8" 1120' None	WICH			
Date of First, Resumed Production, SWD or ENHR.  Pending SWD permit issuance  Producing Method:  Gas Lift Other (Explain)				
	Gravity			
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL:	L:			
Vented Sold Used on Lease Open Hole Perf. Dually Comp. (Submit ACO-4)  (If vented, Submit ACO-18.) Other (Specify)				

# ALLIED CEMENTING CO..LLC. 035790

REMIT TO P.O. BOX 31 SERVICE POINT: RUSSELL, KANSAS 67665 Russell KS RANGE CALLED OUT ON LOCATION JOB START JOB FINISH 10:00pr المعاج عدون LOCATION Yourments 4 COUNTY Staab STATE OLD OR NEW (Circle one) Winto CONTRACTOR She: IdS OWNER TYPE OF JOB Surface HOLE SIZE T.D. CEMENT CASING SIZE DEPTH AMOUNT ORDERED 150 TUBING SIZE DEPTH 3% cc 2% Cre DRILL PIPE DEPTH TOOL DEPTH PRES. MAX MINIMUM COMMON @ 16,25 1462, MEAS, LINE SHOE JOINT POZMIX @ 8,50 510,00 CEMENT LEFT IN CSG GEL. @ 21,25 PERFS. CHLORIDE @ 58,20 = DISPLACEMENT /2.94 ASC @ EQUIPMENT ര @ PUMP TRUCK @ CEMENTER Heary 409 HELPER Todal **@ BULK TRUCK** @ 410 **@** DRIVER Wick @ **BULK TRUCK** @ DRIVER HANDLING @ 2. MILEAGE \_ REMARKS: TOTAL 3204,15 Roan 5 Joints & landing Est Circulation SERVICE Mixed 150 SX Released Plug DEPTH OF JOB Disp 12.74 bbl 820 PUMP TRUCK CHARGE 1/2510 EXTRA FOOTAGE MILEAGE 60 @ Coment Oid Circulate MANIFOLD. @ Thank Your 60 @ 4/6 CHARGE TO: Stoab Oil Co. 9 GAMMAI Partnership TOTAL 1785, W STREET\_ CITY\_\_\_\_ STATE ZIP PLUG & FLOAT EQUIPMENT @ RECEIVED To Allied Cementing Co., LLC. @ You are hereby requested to rent cementing equipment @ JUL 2 1 2011 @ and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or **KCC WICHITA** contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side. SALES TAX (If Any) 4989,15 TOTAL CHARGES. PRINTED NAME DISCOUNT \_\_\_\_ \_\_\_ IF PAID IN 30 DAYS SIGNATURE

# ALLIED CEMENTING CO., LLC. 039739

SERVICE POINT:

REMIT TO P.O. BOX 31 KUSSe 11 RUSSELL, KANSAS 67665 JOB START JOB FINISH ON LOCATION **CALLED OUT** RANGE 3.30 Almi 630,00 DATE 626-11 STATE COUNTY LEASE CLAAL OLD OR NEW (Circle one) CONTRACTOR SALE INS TYPE OF JOB 1.576 **CEMENT** HOLE SIZE 23 AMOUNT ORDERED CASING SIZE TUBING SIZE DEPTH DRILL PIPE TOOL COMMON \_\_\_\_ **MINIMUM** PRES. MAX **POZMIX** MEAS. LINE GEL. CEMENT LEFT IN CSG. **CHLORIDE** PERFS. ASC 37.86 DISPLACEMENT **EQUIPMENT** CEMENTER 😂 . PUMP TRUCK. # 400 HELPER **BULK TRUCK** DRIVER # 473 **BULK TRUCK** DRIVER HANDLING\_ MILEAGE \_ **TOTAL** 

**REMARKS:** 

RECEIVED JUL 2 1 2011 KCC WICHITA



Well Info

# **Unsurpassed Service.** Premium Equipment. The Best People.

Service Order No.

Date:

Phone: (785) 625 - 3858 Fax: (785) 625 - 8635 Company Customer Order # Billing Address Lease & Well # Field Name Legal Description (coordinates) County / Parish Nearest Town Permit # Price Zone Casing Size Casing Weight Customer T.D. Fluid Level (surf.) Reading from Pioneer T.D. KB Elevation Elevation A(x, x)Truck Driver **Crew Members** Unit# Engineer Miles Crew

Product Code	Description	Q-ty	Unit Price	D	epth	\$ Amount
Product Code		(0)		From	epth To	District Control
	County Par May die		1.		1:42	1
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				RF	CEIVED	
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					2 1 2011	
				KCC	WICHITA	
	March Trails					Lance see
11/1/1/	There to Dung to I was					The second secon

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CUSTOMER AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

**Customer Approval** Name Printed Signature / Date

SUBTOTAL	Colot Hamilton
DISCOUNT	
SUBTOTAL	
TAX	·
NET TOTAL	N.

Pioneer Field Representative	
18 1 Charles	CT-0-11
Name Printed	Signature / Date

PIONEER OFFICE USE ONLY – Manager Approva	l

Signature / Date Name Printed