

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34762  
 Name: James Production, Inc.  
 Address 1: 1334 GROUSE RD  
 Address 2: \_\_\_\_\_  
 City: YATES CENTER State: KS Zip: 66783 +  
 Contact Person: Jim Vernon  
 Phone: ( 620 ) 625-3536  
 CONTRACTOR: License # 30567  
 Name: Rig 6 Drilling Co., Inc.  
 Wellsite Geologist: Jarod Leis  
 Purchaser: Coffeyville Resources

## 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>9/4/2012</u>	<u>9/6/2012</u>	<u>11/21/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28299-00-00

Spot Description: \_\_\_\_\_  
 NW NW NW NE Sec. 6 Twp. 24 S. R. 15  East  West  
165 Feet from  North /  South Line of Section  
2475 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE     NW     SE     SWCounty: WoodsonLease Name: Vernon Fee Well #: 1

Field Name: \_\_\_\_\_

Producing Formation: MississippiElevation: Ground: 1090 Kelly Bushing: 1084Total Depth: 1590 Plug Back Total Depth: 1578Amount of Surface Pipe Set and Cemented at: 40 FeetMultiple 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: 0 ppm Fluid volume: 100 bblsDewatering method used: Evaporated

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

 Letter of Confidentiality Received

Date: \_\_\_\_\_

 Confidential Release Date: \_\_\_\_\_ Wireline Log Received Geologist Report Received UIC DistributionALT  I  II  III Approved by: Deanna Garrison Date: 01/30/2013

Operator Name: James Production, Inc.

Lease Name: Vernon Fee

Well #: 1

Sec. 6 Twp. 24 S. R. 15  East  West

County: Woodson

**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  Yes  No  
 (Attach Additional Sheets)

 Samples Sent to Geological Survey  Yes  No

 Cores Taken  Yes  No

 Electric Log Run  Yes  No

 Electric Log Submitted Electronically  Yes  No  
 (If no, Submit Copy)

List All E. Logs Run:

performing

 Log Formation (Top), Depth and Datum  Sample

 Name Top Datum  
 mississippi 1532
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	# Sacks Used	Type and Percent Additives
Production	6.75	4.5	10.5	1583	60/40 pozmix thickset	115	
Surface	12.25	8.63	24	40	60/40 pozmix thick set by hand	15	

## 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	11 1550 - 1555	500 gals 15% acid	1550 - 1555

 TUBING RECORD: Size: 2 3/8 Set At: 1550 Packer At: Liner Run:  Yes  No

 Date of First, Resumed Production, SWD or ENHR. 11/22/2012 Producing Method:  Flowing  Pumping  Gas Lift  Other (Explain)

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

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4)	Mississippi
	<input type="checkbox"/> Other (Specify)	

### Summary of Changes

Lease Name and Number: Vernon Fee 1

API/Permit #: 15-207-28299-00-00

Doc ID: 1110196

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	01/25/2013	01/30/2013
Method Of Completion - Dually Comp	Yes	No
Method Of Completion - Perf	No	Yes
Save Link	../kcc/detail/operatorE ditDetail.cfm?docID=11 04295	../kcc/detail/operatorE ditDetail.cfm?docID=11 10196