



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 SW

GPS 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 Distribution
- ALT I II III Approved by: _____ Date: _____



1134324

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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Citation Oil & Gas Corp.
Well Name	Baumer B 62
Doc ID	1134324

All Electric Logs Run

Geologist Drill Log
Dual Induction Log
Micro Log
Compensated Density Neutron Log

Summary of Changes

Lease Name and Number: Baumer B 62

API/Permit #: 15-051-26446-00-00

Doc ID: 1134324

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	04/10/2013	04/18/2013
Lease Name	Baumer	Baumer B
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1132169	../..kcc/detail/operatorEditDetail.cfm?docID=1134324

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

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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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 #: _____

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

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 SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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 Letter of Confidentiality Received

Date: _____

 Confidential Release Date: _____ Wireline Log Received Geologist Report Received UIC DistributionALT I II III Approved by: _____ Date: _____



CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

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Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

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API No. 15 - _____

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_____ Feet from North / South Line of Section

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Footages Calculated from Nearest Outside Section Corner:

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Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

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(Data must be collected from the Reserve Pit)

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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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
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- UIC Distribution
- ALT 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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top _____ Bottom _____
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Citation Oil & Gas Corp.
Well Name	Baumer 62
Doc ID	1122676

All Electric Logs Run

Geologist Drill Log
Dual Induction Log
Micro Log
Compensated Density Neutron Log

Form	ACO1 - Well Completion
Operator	Citation Oil & Gas Corp.
Well Name	Baumer 62
Doc ID	1122676

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	3439' - 3442'; 3445' - 3447'	All perms treated with 2000 gals 15% HCL	3447'
6	3423' - 3428'	All perms treated with 2000 gals 15% HCL	3428'
6	3423' - 3447'	Polymer Gel Treatment: Stages 1-4	3447'

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

March 26, 2013

Tami Troxel
Citation Oil & Gas Corp.
14077 Cutten Rd
PO BOX 690688
HOUSTON, TX 77269-0688

Re: ACO1
API 15-051-26446-00-00
Baumer 62
NE/4 Sec.27-11S-17W
Ellis County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Tami Troxel

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 042

Cell 785-324-1041

Date	3-8-13	Sec.	27	Twp.	11	Range	17	County	Ellis	State		On Location		Finish	11:00 AM
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Lease	Baumer	Well No.	62	Location	Catherine to Cade/LL
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Contractor	Dave Dyer	Owner	To Quality Oilwell Cementing, Inc.
Type Job	Long Surface	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
Hole Size	12 1/4	T.D.	1168
Csg.	8 5/8	Depth	1163
Tbg. Size		Depth	
Tool		Depth	
Cement Left in Csg.	68	Shoe Joint	70 BBL
Meas Line		Displace	
		Cement Amount Ordered	500 ccm 3500 2900

EQUIPMENT

Pumptrk	15	No.	Cementer Helper	Dave Dyer	Common
Bulktrk	12	No.	Driver	Heath	Poz. Mix
Bulktrk		No.	Driver	Dave Dyer	Gel.

JOB SERVICES & REMARKS

Remarks:	Baumer #62	Calcium
Rat Hole		Hulls
Mouse Hole		Salt
Centralizers		Flowseal
Baskets		Kol-Seal
D/V or Port Collar		Mud CLR 48
		CFL-117 or CD110 CAF 38
		Sand
		Handling
		Mileage

FLOAT EQUIPMENT

		Guide Shoe
		Centralizer 12
		Baskets
		AFU Inserts
		Float Shoe 18 5/8
		Latch Down 1 Baffle plate
		2 Limit Clamps
		Pumptrk Charge
		Mileage

		Tax
		Discount
		Total Charge

X Signature *E. Dyer*

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 6480

Date	3-13-13	Sec.	27	Twp.	11	Range	17	County	ELLIS	State	KANSAS	On Location		Finish	3:00pm
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Location COTTEN R. 10 W/ INTO

Lease	BAUMER	Well No.	#62	Owner	CITATION OIL
Contractor	NIKE #10	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Type Job	IRON-STEEL				
Hole Size	7 7/8"	T.D.	3,480'	Charge To	CITATION OIL
Csg.	5 1/2" 15LB-NEW	Depth	3,509'	Street	14077 COTTEN R.
Tbg. Size		Depth		City	HOUSTON TX 77269
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.		Shoe Joint	86.36	Cement Amount Ordered	235 CLASS A-10 ² GEL-4 FLD

Meas Line Displace 83 3/4 BBL

EQUIPMENT			Common
Pumptrk #15	No.	Cement Helper	Poz. Mix
Bulktrk	No.	Driver	Gel.
Bulktrk DU	No.	Driver	Calcium

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets # 3 #9	Mud CLR 48 500 GAL
D/V or Port Collar	CFL-117 or CD110 CAF 38
DROPPER BALL - BROKE CIRCULATION -	Sand
CIRCULATED ON BOTTOM 30 MIN - PUMPED	Handling
500 GAL MUD FLUSH - PLUGGED PATHOLE 30 MIN	Mileage
PLUGGED MUD STOP 15 SKS - MIXED & PUMPED	
190 SKS DOWN 5 1/2" - DROPPED PLUG &	
WASHED PUMP & INSOLATED - PLUG -	
LANDER & HELD	

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	14 TURBOS 5 1/2"
Baskets	2-5 1/2" WEATHERED BASKETS
AFU Inserts	
Float Shoe	1-5 1/2" WELD ON
Latch Down	1-5 1/2" W/ PLUG & BALL
LIFT PRESSURE @ 1000 LBS	
LANDER @ 1500 BNS @ 84 LBS	

THANK YOU!

Pumptrk Charge	Tax
Mileage	Discount
	Total Charge

X Signature [Signature]



A NALCO & STEPAN COMPANY

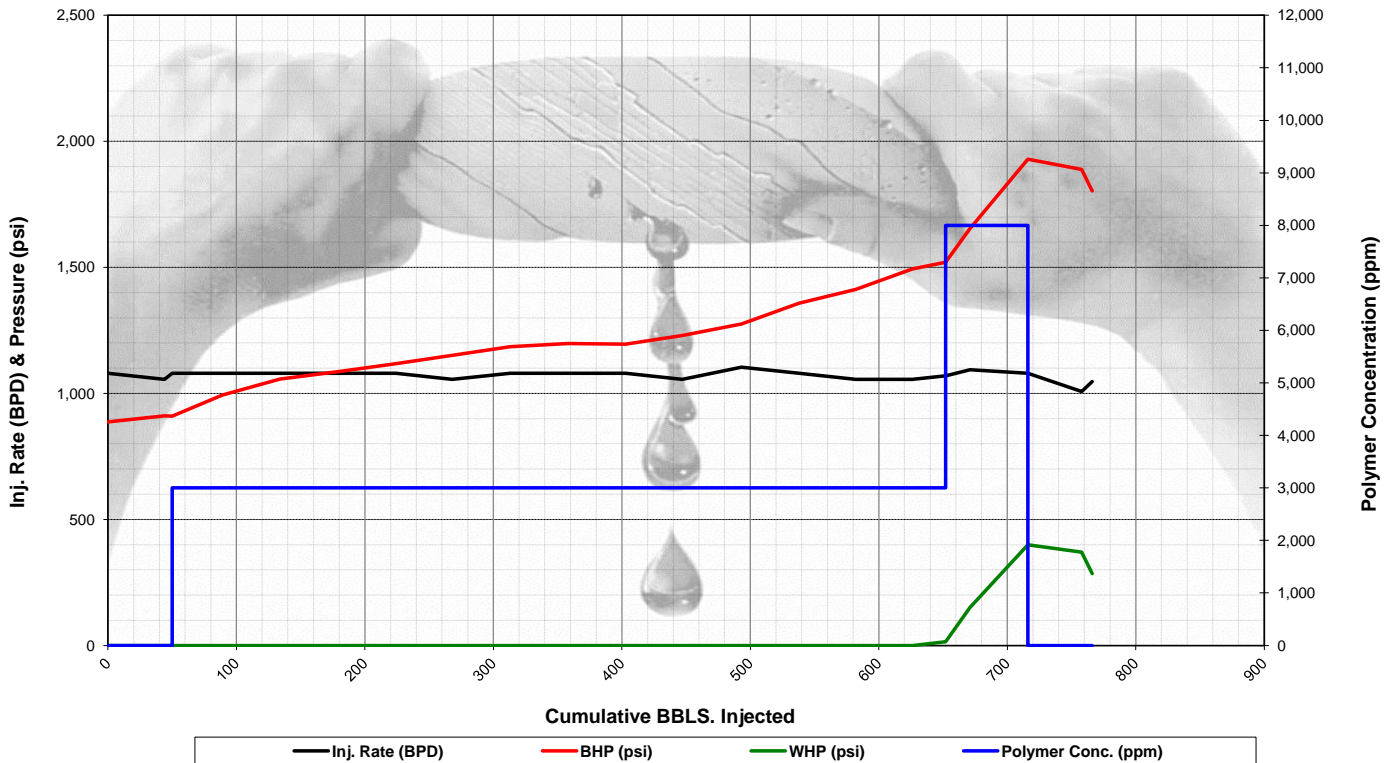
2452 South Trenton Way • Suite M • Denver, CO 80231 • 303.923.6440

Company Name: Citation Oil & Gas Corp.
 Field Name: Bemis-Shutts
 Well Name: Baumer #62
 Well Type: Production
 County and State: Ellis County, Kansas
 Portable Unit #: 17
 Report Date: March 26, 2013

MARCIT Polymer Gel Treatment Treatment Summary and Charts

Stage	Date Begin	Time Begin	Date End	Time End	Polymer ppm	BBLs / Stage	WHP (psi)		BHP (psi)		Pump Rate (bpd)		Comments
							Begin	End	Begin	End	Begin	End	
1	3/25/13	4:00 PM	3/25/13	5:08 PM	0	50	0	VAC	887	910	1,080	1,080	Stage # 1: Water Flush With RU189 and K-31w
2	3/25/13	5:08 PM	3/26/13	6:35 AM	3,000	602	VAC	15	910	1,520	1,080	1,080	Stage # 2: 3,000 PPM With K-31w
3	3/26/13	6:35 AM	3/26/13	8:00 AM	8,000	64	15	400	1,520	1,929	1,080	1,080	Stage # 3: 8,000 PPM With K-31w
4	3/26/13	8:00 AM	3/26/13	9:11 AM	0	50	400	285	1,929	1,804	1,080	1,080	Stage # 4: Water Flush With RU189 and K-31w
Totals						766							

Injection Rate, Pressure , & Concentration



Hall Slope and Psi/BWI

