



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

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 DistributionALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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).

Form	ACO1 - Well Completion
Operator	Vast Petroleum Corporation
Well Name	Schuknecht V-2
Doc ID	1200265

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	9	7	10	21	Portland	7	50/50 POZ
Completion	5.6250	2.8750	8	417	Portland	70	50/50 POZ

Summary of Changes

Lease Name and Number: Schuknecht V-2

API/Permit #: 15-121-29823-00-00

Doc ID: 1200265

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	04/15/2014	04/17/2014
Date of First or Resumed Production or SWD or Enhr Producing Method Pumping	No	1/18/2014 Yes
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1199764	../kcc/detail/operatorEditDetail.cfm?docID=1200265

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1199764

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL

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Completion Date or
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API No. 15 - _____

Spot Description: _____

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

_____ Feet from ☐ North / ☐ South Line of Section

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County: _____ Permit #: _____

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☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

Form	ACO1 - Well Completion
Operator	Vast Petroleum Corporation
Well Name	Schuknecht V-2
Doc ID	1199764

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	321-329	2" DML RTG	8

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Well Name	Schuknecht V-2
Doc ID	1199764

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HAT DRILLING
12371 KS HWY 7
MOUND CITY, KS 66056
LICENSE # 33734

Schuknecht #V-2
API # 15-121-29823-00-00
SPUD DATE 1-17-14

Footage	Formation	Thickness	Set 21' of 8 5/8'
2	Topsoil	2	TD 425'
14	clay	12	Ran 417' of 4 1/2 on 1-20-14
17	shale	3	
25	lime	8	
36	shale	11	
52	lime	16	
61	shale	9	
63	lime	2	
102	shale	39	
117	lime	15	
128	shale	11	
204	lime	76	
325	shale	121	
326	sandy/shale	1	odor
332	sand	6	odor, little bleed, 60% sand
381	shale	49	
411	sandy/shale	30	
417	lime	6	
425	shale	8	



FIELD TICKET & TREATMENT REPORT CEMENT

FOREMAN Fred Mader

REMARKS: Hold crew safely muting. Establish circulation. Mixt Pump 100# Gel flush. ~~20~~ Pump 20 BBL Tell tale dye. Follow w/ 70 SKS 50/50 Poz Mix Cement 20 Gel 2% Calcium Chloride. 1/4" K10 Seal/SK. Flush pump & lines clean. Displace 4 1/2' Rubber plug to Baffle in casing. Pressure to 600# PSI. Release pressure to set float valve. Shut in casing.

Hat Drilling

Lucy Maden

[illegible]

Revd. 3737

AUTHORIZATION

TITLE

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.