



Confidentiality Requested:

Yes  No

**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: \_\_\_\_\_

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 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  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
--	---

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:  
 Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

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

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



## Summary of Changes

Lease Name and Number: Hoskinson 2

API/Permit #: 15-185-23905-00-00

Doc ID: 1227657

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	10/06/2014	10/14/2014
CasingAdd_Type_PctPDF_2	60/40 POZ	
CasingNumbSacksUsedPDF_2	170	
CasingPurposeOfStringPDF_2	Completion	
CasingSettingDepthPDF_2	4278	
CasingSizeCasingSetPDF_2	5.5000	
CasingSizeHoleDrilledPDF_2	7.87	
CasingTypeOfCementPDF_2	Common	
CasingWeightPDF_2	15.5	
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1225851">../kcc/detail/operatorEditDetail.cfm?docID=1225851</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1227657">../kcc/detail/operatorEditDetail.cfm?docID=1227657</a>

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Well Type	OIL	DH



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1225851  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
August 2013

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

**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: \_\_\_\_\_

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 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](mailto: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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--





**MORNING DRILLING REPORT**

For: H&D Exploration, LLC

**SOUTHWIND DRILLING, INC.**

RIG No. 6

Well Name: Hoskinson #2  
 Location: 598' FNL & 568' FWL  
 Section: 29-25S-11W  
 County: Stafford  
 API: 15-165-23905-00-00

Elevation: GL 1848'  
 KB 1854'  
 Est. TD: 4200'

Rig No. 6 (Pusher Wob Plate) 620 566-7064  
 Rig No. 6 (Doghouse) 620 535-7156  
 Southwind Drilling Office 620 564-3800



Conductor String: Ran 8 joints of new 4 1/2", 13 3/8" conductor pipe, Tally @ 245', Set @ 259', used 250 sacks of 70/30, 2% gel, 3% cc, 1/2# Cello-Rhako, cement circulated, by Quality (Ticket #643), plug down @ 7:45 am on 09.23.14.

Surface Casing: Ran 22 joints of new 2 3/8", 9 5/8" casing, Tally @ 927', Set @ 937', used 400 sacks of 70/30, 3% cc, 2% gel, 1/4# Flo-seal, cement circulated, by Quality (Ticket #644), plug down @ 6:15 pm on 09.24.14

Plugging Info: Plugged well with 200 sacks of 60/40 Poz. 4% gel, 1st plug @ 4278' w/ 50 sacks, 2nd plug @ 860' w/ 50 sacks, 3rd plug @ 248' w/ 50 sacks, 4th plug @ 62' w/ 20 sacks, 30 sacks for Rat hole, cemented, by Quality (Ticket #848), job complete @ 8:00 pm on 10.02.14.

Rotary Total Depth: 4340'  
 Log Total Depth: 4342'

Geologist: Jim Musgrove

7:00 A.M. Depth: 4340'		7:00 A.M. Current Operation: TEAR DOWN													
Spud Date & Time:	09/22/14 @ 8:00 PM	09/23/14 Day 1	09/24/14 Day 2	09/25/14 Day 3	09/26/14 Day 4	09/27/14 Day 5	09/28/14 Day 6	09/29/14 Day 7	09/30/14 Day 8	10/01/14 Day 9	10/02/14 Day 10	10/03/14 Day 11	Total		
Total Depth (7:00am)	0	262	784	940	2060	2745	3300	3720	3970	4100	4340		4340		
Daily Progress	262	522	156	1120	895	555	420	350	370	4100	4340		4340		
Fl. Per Hr.	85.50	41.76	31.20	62.22	34.25	25.23	26.74	12.82	11.06	12.15	#DIV/0!		28.41		
Current Operation (7:00am)	Rig Up	Run Cond. String	Drilling	Drill Plug	Drilling	Drilling	Drilling	Drilling	Drilling	Drilling	Drilling	Drilling	Drilling		
Formation	Surface	Surface	Surface	Sand / Shale	Sand / Shale	Sand / Shale	Sand / Shale	Sand / Shale	Sand / Shale	Mississippi	Mrs. / Viola	Arbuckle			
Fuel Used	136.24	213.09	151.71	305.75	341.09	360.04	320.33	350.25	214.84	311.33	137.34		2892.40		
Survey (degree & depth)	1/2" @ 262'		1" @ 940'							1 1/4" @ 3970'	2 1/4" @ 4340'				
<b>Mud Info</b>															
Mud Cost	\$0.00	\$1,413.65	\$537.40	\$0.00	\$4,997.85	\$621.75	\$28.50	\$1,625.95	\$1,442.95	\$343.65	\$0.00		\$10,327.50		
Weight (# / Gal)				9.7	8.0	9.2	9.4	9.5	9.8	9.8					
Vis (Funnel)				34	80	65	52	47	54	43					
Water Loss (cc)						6.4	10.8	8.0	11.2	13.6					
<b>Bit #1</b>															
Bit Make / Type	JZ RR														
Bit Size	12 1/4														
Bit Hours	4.00												4.00		
<b>Bit #2</b>															
Bit Make / Type		JZ RR	JZ RR												
Bit Size		12 1/4	12 1/4												
Bit Hours		12.50	5.00										17.50		
<b>Bit #3</b>															
Bit Make / Type			JZ HA20Q	JZ HA20Q	JZ HA20Q	JZ HA20Q	JZ HA20Q	JZ HA20Q	JZ HA20Q	JZ HA20Q	JZ HA20Q				
Bit Size			7 7/8	7 7/8	7 7/8	7 7/8	7 7/8	7 7/8	7 7/8	7 7/8	7 7/8				
Bit Hours			18.00	20.00	22.00	20.25	19.50	11.75	19.75	19.75	0.00		131.25		
Bit Cumulative Hours	4.00	12.50	5.00	18.00	20.00	22.00	20.25	19.50	11.75	19.75	0.00		152.75		
Weight on Bit (WOB)	15,000	15,000	15,000	25,000	35,000	35,000	38,000	38,000	38,000	38,000	380,000				
RPM	100	100	100	85	85	85	85	85	85	85	85				
Pump Pressure	600	400	600	800	800	800	800	800	800	800	800				
Drilling (Rotating) Hours	4.00	12.50	5.00	18.00	20.00	22.00	20.25	19.50	11.75	19.75	0.00		152.75		
<b>Daywork Hrs. (Operator's time)</b>															
Rat Hole (>.75 Hrs)	0.25												0.25		
Wait on Cement		8.00	12.00										20.00		
Wait on Orders													0.00		
Trip	0.75		1.00										13.25		
Circulate	0.50		0.50					1.00	6.75	0.75	3.00		6.25		
Tool								2.50	0.50	2.25			1.25		
Testing									1.25				3.00		
Clean Floor													0.00		
Wait on Tester													0.50		
Logging													5.00		
LDDP / LDDC / Plug well													4.25		
Run Casing / Cement	5.50	0.75	2.75										9.00		
Jet Collar													1.00		
Set Slips / Jet Pits													1.00		
Billable Hours	7.00	8.75	16.25	0.00	0.00	0.00	0.00	3.50	11.50	3.00	13.75		63.75		
<b>Non-Billable Hours (Southwind's time)</b>															
Rig Up / Rig Down	10.00												19.50		
Wait on Cement (if NC)													0.00		
Drill Rat Hole (<.75 hrs)	0.75												0.75		
Drill Plug			0.75	1.75									2.50		
Circulate / Trip (Surface)	1.00		1.00										2.00		
Rig Repair							2.25						2.25		
Connections	1.00	2.75	3.50	3.50	2.25	1.50	1.25	0.75	0.50	0.75			14.75		
Jet/Displace	0.25		0.75	1.75			0.25	0.25		0.25			3.75		
Surveys			3.25							0.25	0.25		0.75		
Rig Check						0.50							0.50		
Lost Circulation (< 2 hrs)													0.00		
Lay Down Kelly / RH													0.75		
Non-Billable Hrs.	13.00	2.75	7.75	6.00	4.00	2.00	3.75	1.00	0.75	1.25	10.25		47.50		
Footage Cost	\$ 3,668.00	\$ 7,308.00	\$ 2,184.00	\$ 15,680.00	\$ 9,590.00	\$ 7,770.00	\$ 5,880.00	\$ 3,500.00	\$ 1,820.00	\$ 3,360.00	\$ -		\$ 60,760.00		
Daywork Cost	\$ 2,450.00	\$ 3,062.50	\$ 5,687.50	\$ -	\$ -	\$ -	\$ -	\$ 1,225.00	\$ 4,025.00	\$ 1,050.00	\$ 4,812.50		\$ 22,312.50		
Combined Est. Cost*	\$ 6,118.00	\$ 10,370.50	\$ 7,871.50	\$ 15,680.00	\$ 9,590.00	\$ 7,770.00	\$ 5,880.00	\$ 4,725.00	\$ 5,845.00	\$ 4,410.00	\$ 4,812.50		\$ 83,072.50		
*Please note that this is estimated footage & daywork cost only. Additional charges will apply on invoice (fuel surcharge, water transfer pump, etc)															
<b>DST #1 Info -</b>															
Footage Interval:	3953' - 3970'	"Mississippi"										<b>DST #2 Info -</b>			
Recovery:	250' Gas in Pipe 50' Watery Mud 300' Water											Footage Interval: Recovery:			

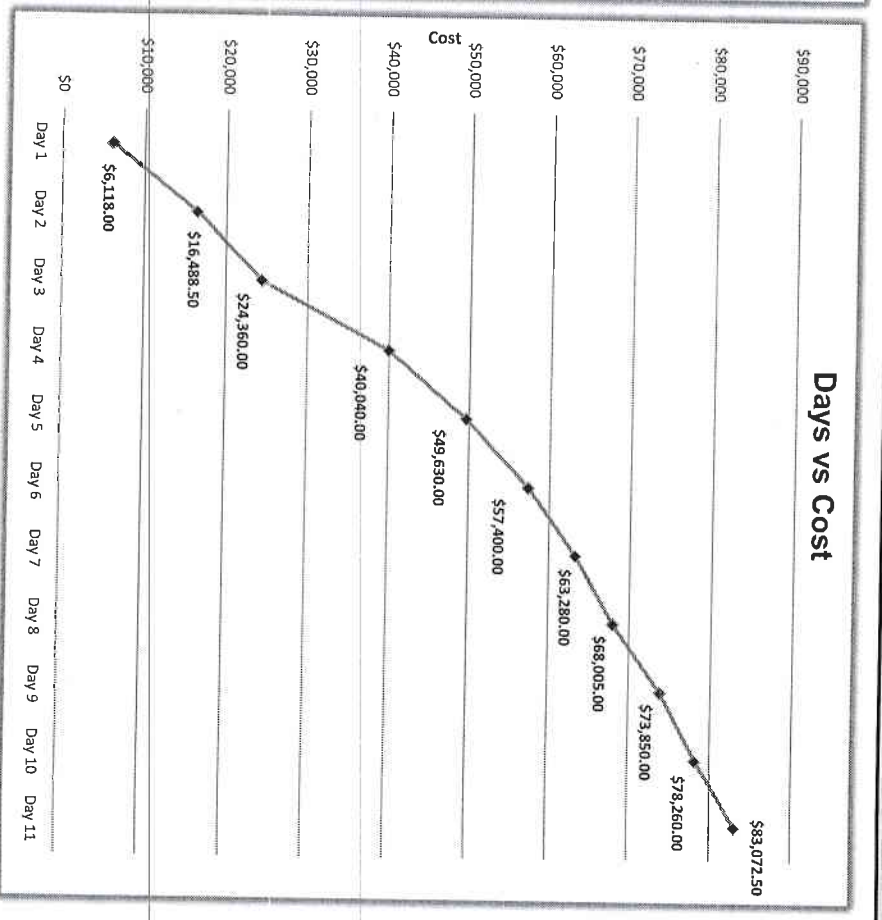
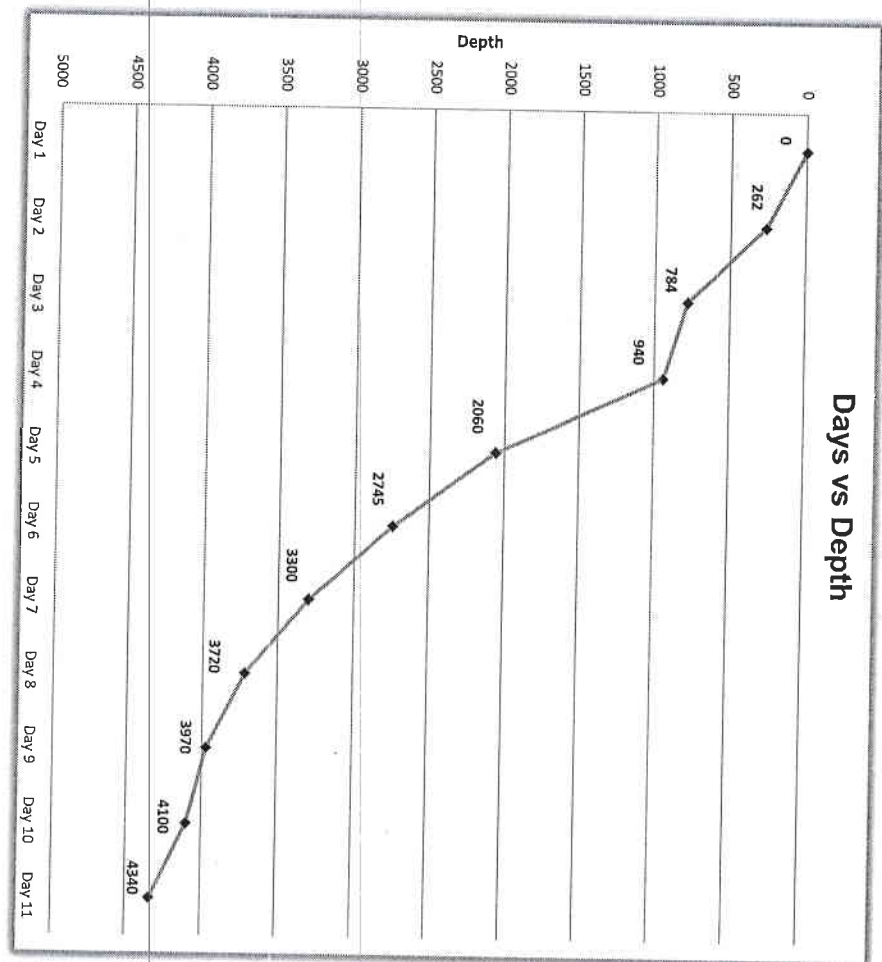
Anhydrite @ 577' - 581' & 587' - 598'

Displaced @ 2600'



# Job Summary Graphical Report

Southwind Rig No. 6  
Hoskinson #2



# 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. 648

Date	10-2-14	Sec.	29	Twp.	25	Range	11	County	Stafford	State	Ks	On Location		Finish	8:00 PM
Lease	Hoskinson		Well No.	2		Owner	to 70 RA, 1/8 E, 5/16 into								
Contractor	Southwind		#6	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	Plug														
Hole Size	7 7/8"		T.D.	4340'		Charge To	H+D Explorations								
Csg.			Depth												
Tbg. Size	4 1/2" D.P.		Depth	4278'		Street									
Tool			Depth												
Cement Left in Csg.			Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.											
Meas Line			Displace	H2O / mud		Cement Amount Ordered	200 60/40 4% Gel Yutiflo seal								
<b>EQUIPMENT</b>						Common	120								
Pumptrk	20	No.	Cementer	Nick		Poz. Mix	80								
Bulktrk	14	No.	Driver	Tyler		Gel.	7								
Bulktrk	p.u.	No.	Driver	Rick		Calcium									
<b>JOB SERVICES &amp; REMARKS</b>						Hulls									
Remarks:	4278' - 50 SX					Salt									
Rat Hole	960' - 50 SX					Flowseal	50#								
Mouse Hole	248' - 50 SX					Kol-Seal									
Centralizers	62' - 20 SX					Mud CLR 48									
Baskets	Rathole - 30 SX					CFL-117 or CD110 CAF 38									
D/V or Port Collar						Sand									
						Handling	207								
						Mileage									
<b>FLOAT EQUIPMENT</b>						Guide Shoe									
Cement did Circulate						Centralizer									
						Baskets									
						AFU Inserts									
						Float Shoe									
						Latch Down									
						Pumptrk Charge	plug								
						Mileage	31								
<b>Signature</b>						Tax									
<i>[Signature]</i>						Discount									
						Total Charge									

Quality Oilwell Cementing