



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
- 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
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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

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 #: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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



1045733

Operator Name: _____ Lease Name: _____ Well #: _____

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

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 <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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PO BOX 31 Russell, KS 67665

Voice: (785) 483-3887
 Fax: (785) 483-5566

INVOICE

Invoice Number: 124201
 Invoice Date: Aug 25, 2010
 Page: 1

Bill To:
 Bach Oil Production
 R. R. #1 Box 28
 Phillipsburg, KS 67661

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Bach	Huff E #7	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-06	Russell	Aug 25, 2010	9/24/10

Quantity	Item	Description	Unit Price	Amount
90.00	MAT	Class A Common	13.50	1,215.00
60.00	MAT	Pozmix	7.55	453.00
5.00	MAT	Gel	20.25	101.25
64.00	MAT	CD-31	9.10	582.40
150.00	SER	Handling	2.25	337.50
60.00	SER	Mileage 150 sx @ .10 per sk per mi	15.00	900.00
1.00	SER	Liner	991.00	991.00
60.00	SER	Pump Truck Mileage	7.00	420.00
1.00	EQP	4.5 Rubber Plug	27.00	27.00

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

\$ 1005 43

ONLY IF PAID ON OR BEFORE
 Sep 19, 2010

Subtotal	5,027.15
Sales Tax	341.85
Total Invoice Amount	5,369.00
Payment/Credit Applied	
TOTAL	5,369.00

ALLIED CEMENTING CO., LLC. 041900

Federal Tax I.D.# 20-5975804

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell

DATE <u>8-25-10</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>4:00p</u>	JOB FINISH <u>4:30 AM</u>
LEASE <u>Hutt E</u>	WELL# <u>7</u>	LOCATION <u>Phillips 13N to Hutter</u>			COUNTY <u>Phillips</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)			RD W to 100rd 2N E + N into				

CONTRACTOR Co Tools

TYPE OF JOB Ciner

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/2 DEPTH _____

TUBING SIZE 4 1/2 DEPTH 3350'

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 1100 psi MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 54.27 bbl

OWNER _____

CEMENT

AMOUNT ORDERED 150 @ 60% 1/2 of 18 CD-3
48.60

EQUIPMENT

PUMP TRUCK CEMENTER Shane

417 HELPER Don B.

BULK TRUCK

481 DRIVER Richard TWS

BULK TRUCK

_____ DRIVER _____

COMMON	<u>90</u>	@	<u>13.50</u>	<u>1215.00</u>
POZMIX	<u>60</u>	@	<u>7.55</u>	<u>453.00</u>
GEL	<u>5</u>	@	<u>20.25</u>	<u>101.25</u>
CHLORIDE		@		
ASC		@		
CD-31	<u>64</u>	@	<u>9.10</u>	<u>582.40</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>150</u>	@	<u>2.25</u>	<u>337.50</u>
MILEAGE	<u>110</u>	@		<u>900.00</u>
TOTAL				<u>3589.15</u>

REMARKS:

Est Circulation. Mixed
150 sks
Lost 200 psi when pumped 45 bbl
Cement did not circulate
Plug did not land.

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 99.00

EXTRA FOOTAGE @ _____

MILEAGE 60 @ 7.00 420.00

MANIFOLD @ _____

TOTAL 1411.00

CHARGE TO: Dach Oil

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

1/2 Rubber Plug @ 27.00

To Allied Cementing Co., LLC.

Markes!