



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

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



1052284

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 |
|---|---|

| 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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|---|---|--|
| 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 (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|---|---|--|

| | |
|-----------|---------------------------|
| Form | ACO1 - Well Completion |
| Operator | Downing-Nelson Oil Co Inc |
| Well Name | Basil 1-30 |
| Doc ID | 1052284 |

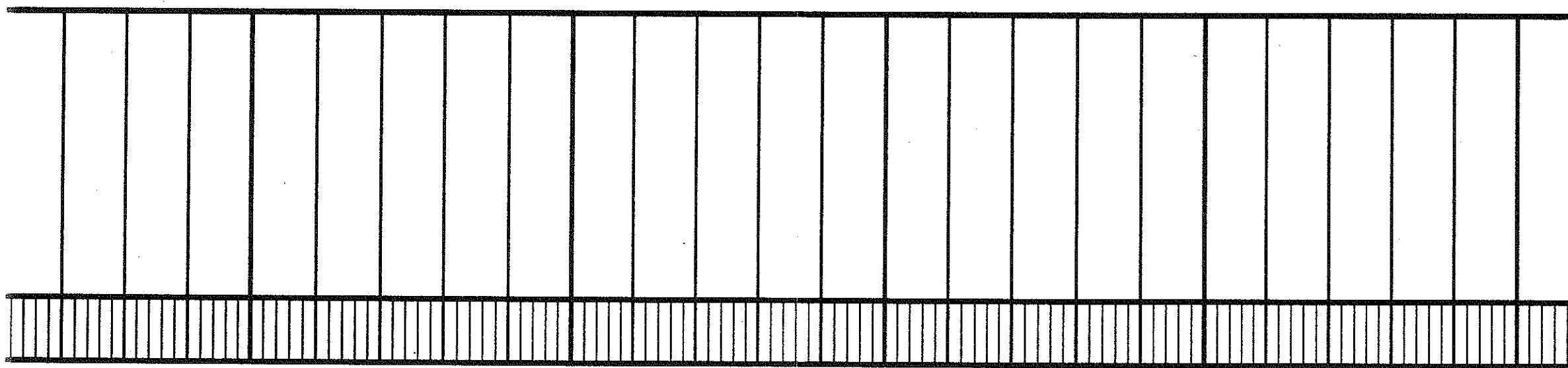
All Electric Logs Run

| |
|---------|
| |
| CNL/CDL |
| DIL |
| MEL |
| Sonic |

| | |
|-----------|---------------------------|
| Form | ACO1 - Well Completion |
| Operator | Downing-Nelson Oil Co Inc |
| Well Name | Basil 1-30 |
| Doc ID | 1052284 |

Tops

| Name | Top | Datum |
|----------------|------|-------|
| Top Anhydrite | 1369 | +828 |
| Base Anhydrite | 1390 | +807 |
| Heebner | 3709 | -1512 |
| LKC | 3759 | -1562 |
| BKC | 4072 | -1875 |
| Fort Scott | 4264 | -2067 |
| Cherokee Shale | 4278 | -2081 |
| Mississippi | 4340 | -2143 |

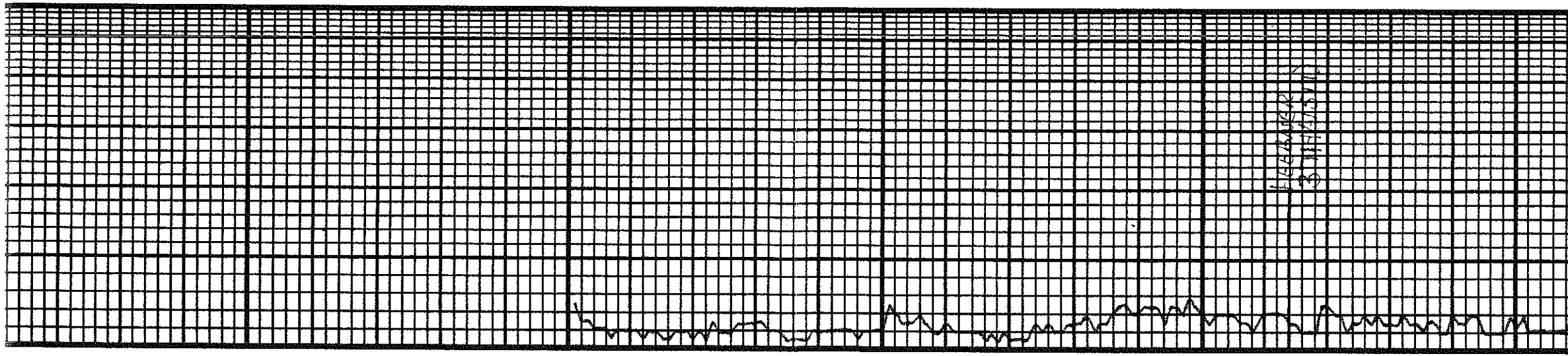


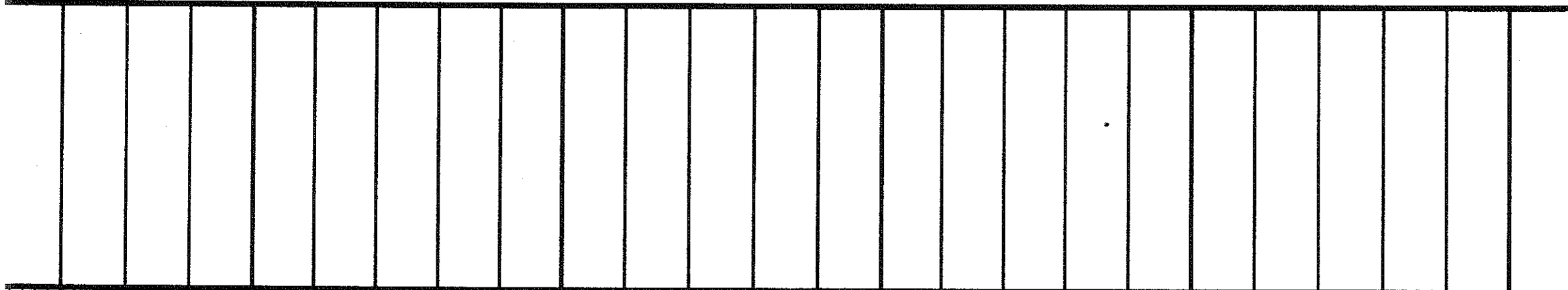
3600

50

3700

50





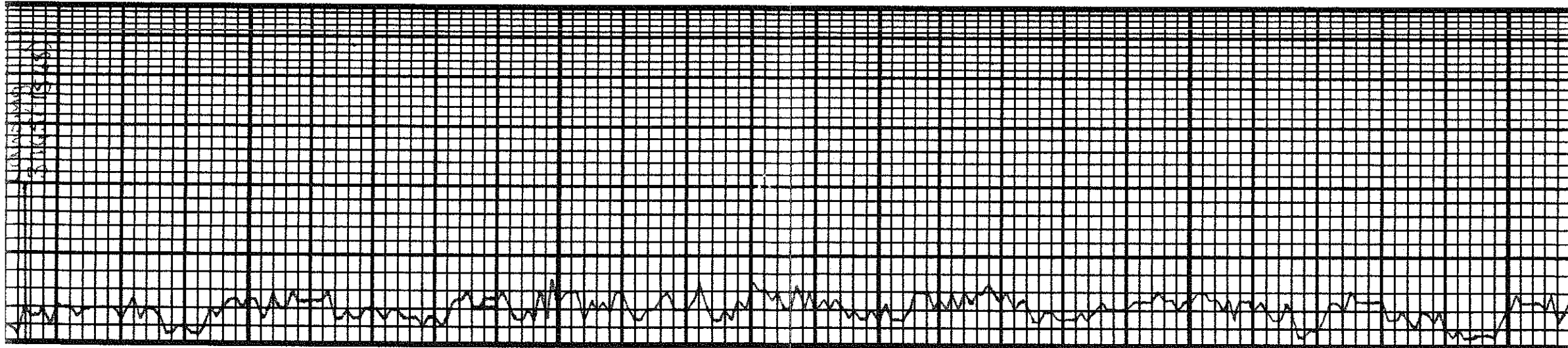
3900

50

3900

50

4000



50

4100

50

4200

50

Sh: Black Cars

LS: tom, pass, chns

Sh: grey

LS: AIA, tom

Sh: lt grey - grey

LS: tom - what, forward
xby, few seat pass,
chns.

Sh: blk + JO

LS: tom, fu xby, chns,
Rx, frag v fu xby +

v chns. All pp, NS

Sh: blk grey - blk.

Sh: frag, lt grey + tom

LS: what, fu xby w/ seat
coll, chns.

Sh: grey

LS: tom, fu xby, pass

in prt. All pp
+ chns w/ NS.

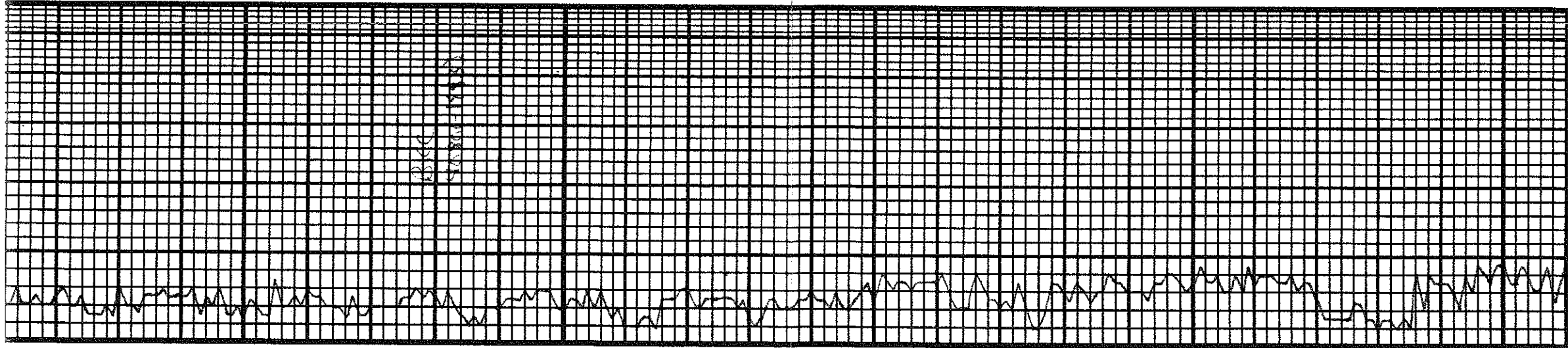
Sh: Black Cars

Sh: blk grey

LS: tom, fu v fu xby,
NS v chns.

Sh: Black Cars

BLK
CHNS



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. 4416

| | | | | | | | | | | | | | | | | |
|---------------------|---------------------------|------|------------|-------------|----|--|----|--|--------|-------|----|-------------|--|--------|---------|--|
| Date | 2/12/11 | Sec. | 30 | Twp. | 20 | Range | 20 | County | Pawnee | State | KS | On Location | | Finish | 2:45 AM | |
| Lease | Basil | | Well No. | 1-30 | | Location Alexander, 12S, 1/2W, S into | | | | | | | | | | |
| Contractor | Discovery Drilling Rig #4 | | | | | | | Owner | | | | | | | | |
| Type Job | | | | | | | | 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. | | | | | | | | |
| Hole Size | 12 1/4" | | T.D. | 1164' | | Charge To | | | | | | | | | | |
| Csg. | 8 5/8" | | Depth | 1164' | | Downing-Nelson Oil Co. Inc. | | | | | | | | | | |
| Tbg. Size | | | Depth | | | Street | | | | | | | | | | |
| Tool | | | Depth | | | City | | | | | | | | | | |
| Cement Left in Csg. | 42' | | Shoe Joint | 42' | | State | | | | | | | | | | |
| Meas Line | | | Displace | 71 1/2 bbls | | The above was done to satisfaction and supervision of owner agent or contractor. | | | | | | | | | | |
| | | | | | | Cement Amount Ordered 450 sx Com 3% CC 2% gel | | | | | | | | | | |

EQUIPMENT

| | | | | | | |
|---------|----|-----|----------|----------|----------|-----|
| Pumptrk | 9 | No. | Cementer | Paul | Common | 450 |
| | | | Helper | | | |
| Bulktrk | 12 | No. | Driver | Rocky | Poz. Mix | |
| | | | Driver | | | |
| Bulktrk | PV | No. | Driver | Brian F. | Gel. | B |
| | | | Driver | | | |

JOB SERVICES & REMARKS

| | |
|--------------------|-------------------------|
| Remarks: | Hulls |
| Rat Hole | Salt |
| Mouse Hole | Flowseal |
| Centralizers | Kol-Seal |
| Baskets | Mud CLR 48 |
| D/V or Port Collar | CFL-117 or CD110 CAF 38 |
| Est. Circ. | Sand |
| Mix Cement | Handling 464 |
| Display | Mileage |
| Land Play | |
| Cement Circulated | |

FLOAT EQUIPMENT

| | |
|------------------------------|---------|
| Guide Shoe | |
| Centralizer | |
| Baskets | 45 1/4" |
| AFU Inserts | 48 1/8" |
| Float Shoe | |
| Latch Down | |
| Rubber Plug + Baffle Plate | |
| Head + Manifold | |
| Pumptrk Charge / any Surface | |
| Mileage | 33 |

Thank You!!

X Signature *Walter Russell*

Tax
Discount
Total Charge

JOB LOG

SWIFT Services, Inc.

DATE 17 FEB 11 PAGE NO. 1

CUSTOMER DOWNING & NELSON WELL NO. LEASE BASIL 1-30 JOB TYPE 5 1/2 LONGSTRING TICKET NO. 20146

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|------|------------|--------------------|-------|---|----------------|--------|--|
| | | | | T | C | TUBING | CASING | |
| | 1100 | | | | | | | ON LOCATION |
| | 1220 | | | | | | | START PIPE 5 1/2 - 14# RTD 4353 SET @ SHOE ST 20.70 CENTRALIZERS 1, 3, 6, 8, 10, 12 |
| | 1400 | | | | ✓ | | 1700 | SET PACKER SHOE CIRCULATE. |
| | 1420 | 6 | 12 | | ✓ | | 200 | Pump 500 gal MWD FLUSH |
| | 1422 | 6 | 20 | | ✓ | | 200 | Pump 20 BBL KCL FLUSH |
| | 1432 | | 7.5 | | | | | PLUG RH/MA (30sx-20sx) |
| | 1436 | 4 | 30 | | ✓ | | 200 | MIX 125 sx EA 2 @ 15.5 PPG. |
| | 1450 | | | | | | | WASH OUT PUMPING LINES. |
| | 1453 | 6 | | | ✓ | | | RELEASE PLUG START DISPLACEMENT |
| | 1511 | | 105 1/2 | | ✓ | | 1500 | PLUG DOWN PRESSURE UP LATCH PLUG IN |
| | 1514 | | | | | | | RELEASE PRESSURE. DRY |
| | 1516 | | | | | | | WASH TRUCK |
| | 1545 | | | | | | | JOB COMPLETE |
| | | | | | | | | THANKS #110 |
| | | | | | | | | JASON JEFF JOE. |



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Dow ning-Nelson Oil Co., Inc.

Basil #1-30

P.O. Box 372
Hays, Ks 67601

30/20S/20W-Pawnee

ATTN: Marc Dow ning

Job Ticket: 41841

DST#: 1

Test Start: 2011.02.16 @ 13:19:47

GENERAL INFORMATION:

Formation: **Mississippian**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 15:13:47

Time Test Ended: 20:47:17

Test Type: Conventional Bottom Hole

Tester: Dustin Rash

Unit No: 44

Interval: 4307.00 ft (KB) To 4353.00 ft (KB) (TVD)

Reference Elevations: 2198.00 ft (KB)

Total Depth: 4353.00 ft (KB) (TVD)

2191.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 7.00 ft

Serial #: 6672 Inside

Press @ Run Depth: 323.15 psig @ 4313.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.02.16 End Date: 2011.02.16

Last Calib.: 2011.02.16

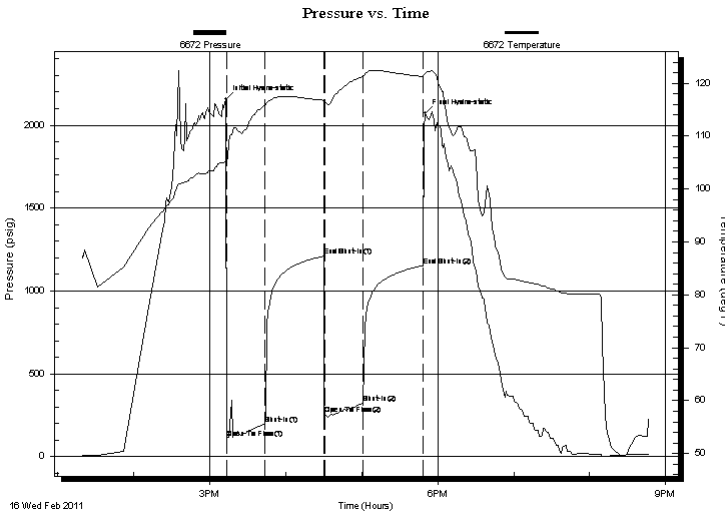
Start Time: 13:19:47 End Time: 20:47:16

Time On Btm: 2011.02.16 @ 15:12:46

Time Off Btm: 2011.02.16 @ 17:50:16

TEST COMMENT: IF- Fair building blow . BOB in 7 minutes 20 seconds.
ISI-Return @ 45 seconds. Built to 4 inches.
FF-Strong-fair building blow . BOB in 5 minutes.
FSI-Return @ 30 seconds. Built to 1&1/2 inches.

PRESSURE SUMMARY



| Time (Min.) | Pressure (psig) | Temp (deg F) | Annotation |
|-------------|-----------------|--------------|----------------------|
| 0 | 2157.17 | 105.28 | Initial Hydro-static |
| 1 | 112.12 | 105.38 | Open To Flow (1) |
| 31 | 198.17 | 115.85 | Shut-In(1) |
| 77 | 1209.92 | 116.78 | End Shut-In(1) |
| 78 | 256.34 | 116.35 | Open To Flow (2) |
| 109 | 323.15 | 121.32 | Shut-In(2) |
| 156 | 1153.63 | 121.23 | End Shut-In(2) |
| 158 | 2072.36 | 121.92 | Final Hydro-static |

Recovery

| Length (ft) | Description | Volume (bbl) |
|-------------|----------------------|--------------|
| 217.00 | 50%Oil/40%Mud/10%Gas | 2.76 |
| 558.00 | 50%Oil/45%Gas/5%Mud | 7.83 |
| 0.00 | 310' G.I.P. | 0.00 |
| | | |
| | | |

Gas Rates

| | Choke (inches) | Pressure (psig) | Gas Rate (MMcf/d) |
|--|----------------|-----------------|-------------------|
| | | | |



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Dow ning-Nelson Oil Co., Inc.

Basil #1-30

P.O. Box 372
Hays, Ks 67601

30/20S/20W-Pawnee

Job Ticket: 41841

DST#: 1

ATTN: Marc Dow ning

Test Start: 2011.02.16 @ 13:19:47

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

40 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 46.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.58 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3800.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

| Length ft | Description | Volume bbbl |
|--------------|----------------------|----------------|
| 217.00 | 50%Oil/40%Mud/10%Gas | 2.762 |
| 558.00 | 50%Oil/45%Gas/5%Mud | 7.827 |
| 0.00 | 310' G.I.P. | 0.000 |

Total Length: 775.00 ft

Total Volume: 10.589 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

