



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 #: \_\_\_\_\_

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: \_\_\_\_\_



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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Mid-Continent Energy Operating Co.
Well Name	Zweygardt 1-8
Doc ID	1052060

Tops

Name	Top	Datum
T/Stowe Corral	3450	+148
B/Stowe Corral	3516	-112
Oread	4400	-772
LKC 'A'	4472	-344
LKC 'D'	4532	-904
LKC 'J'	4678	-1050
Morrow SH	5190	-1562
Mississippian	5324	-1696

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/>

Thomas E. Wright, Chairman  
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

March 09, 2011

G. M. Canaday  
Mid-Continent Energy Operating Co.  
100 W 5TH ST STE 450  
TULSA, OK 74103-4254

Re: ACO1  
API 15-023-21285-00-00  
Zweygardt 1-8  
NW/4 Sec.08-03S-41W  
Cheyenne 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,  
G. M. Canaday

# Diamond Testing

## General information Report

### General Information

**Company Name** MID-CONTINENT OPERATING COMPANY

**Contact** RICHARD SAENZ  
**Well Name** ZWEYGARDT #1-8  
**Unique Well ID** DST #1 KC 'D' 4,475' - 4,538'  
**Surface Location** SEC 8-3S-41W CHEYENNE COUNTY, KS  
**Well License Number**  
**Field** WILDCAT  
**Well Type** Vertical

**Job Number**  
**Representative** ROGER D. FRIEDLY  
**Well Operator** MID-CONTINENT OPERATING COMPANY  
**Report Date** 2011/01/08  
**Prepared By** ROGER D. FRIEDLY

**Test Type** CONVENTIONAL DRILL-STEM TEST  
**Formation** DST #1 KC 'D' 4,475' - 4,538'  
**Well Fluid Type**

**Start Test Time** 12:20:00  
**Final Test Time** 19:28:00

**Start Test Date** 2011/01/08  
**Final Test Date** 2011/01/08

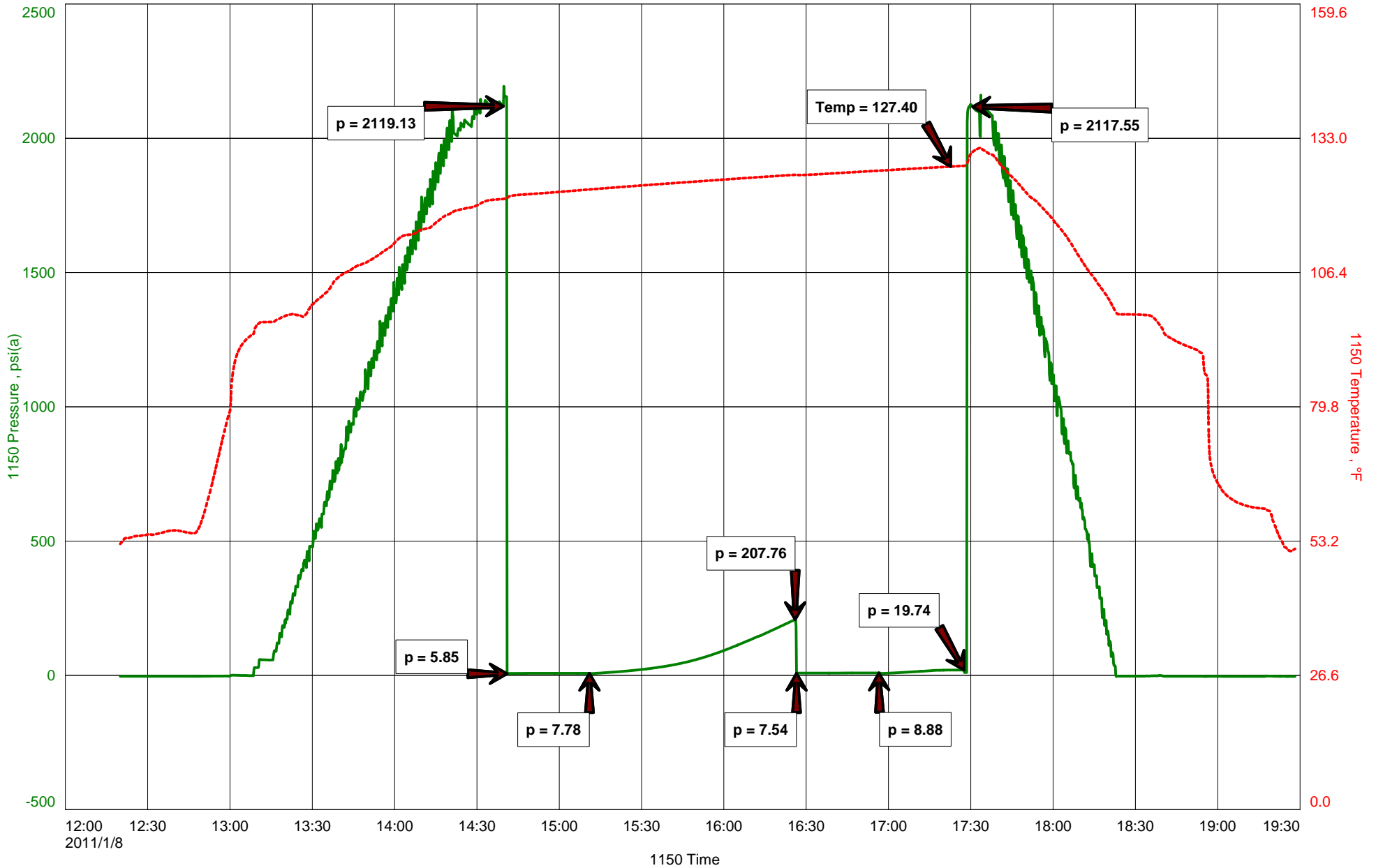
**Gauge Name** 1150  
**Gauge Serial Number**

### Test Results

RECOVERED: 2' DM 100% MUD

TOOL SAMPLE: 100% DM

# ZWEYGARDT #1-8





**DIAMOND TESTING**  
P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
(800) 542-7313

**DRILL -STEM TEST TICKET**

Company \_\_\_\_\_ Lease & Well No. \_\_\_\_\_  
Contractor \_\_\_\_\_ Charge to \_\_\_\_\_  
Elevation \_\_\_\_\_ Formation \_\_\_\_\_ Effective Pay \_\_\_\_\_ Ft. Ticket No. \_\_\_\_\_  
Date \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Range \_\_\_\_\_ W County \_\_\_\_\_ State KANSAS  
Test Approved By \_\_\_\_\_ Diamond Representative ROGER D. FRIEDLY

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
Jars: Make BOWEN Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Remarks: \_\_\_\_\_

	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) \_\_\_\_\_ A.M. P.M. Time Started Off Bottom \_\_\_\_\_ A.M. P.M. Maximum Temperature \_\_\_\_\_  
Initial Hydrostatic Pressure ..... (A) \_\_\_\_\_ P.S.I.  
Initial Flow Period ..... Minutes (B) \_\_\_\_\_ P.S.I. to (C) \_\_\_\_\_ P.S.I.  
Initial Closed In Period ..... Minutes (D) \_\_\_\_\_ P.S.I.  
Final Flow Period ..... Minutes (E) \_\_\_\_\_ P.S.I. to (F) \_\_\_\_\_ P.S.I.  
Final Closed In Period ..... Minutes (G) \_\_\_\_\_ P.S.I.  
Final Hydrostatic Pressure ..... (H) \_\_\_\_\_ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

# Diamond Testing

## General information Report

### General Information

**Company Name** MID-CONTINENT OPERATING COMPANY

**Contact** RICHARD SAENZ  
**Well Name** ZWEYGARDT #1-8  
**Unique Well ID** DST #2 LKC 'H-J' 4,608' - 4,690'  
**Surface Location** SEC 8-3S-41W CHEYENNE COUNTY, KS  
**Well License Number**  
**Field** WILDCAT  
**Well Type** Vertical

**Job Number**  
**Representative** ROGER D. FRIEDLY  
**Well Operator** MID-CONTINENT OPERATING COMPANY  
**Report Date** 2011/01/09  
**Prepared By** ROGER D. FRIEDLY

**Test Type** CONVENTIONAL DRILL-STEM TEST  
**Formation** DST #2 LKIC 'H-J' 4,609' - 4,690'  
**Well Fluid Type** 06 Water  
**Start Test Date** 2011/01/09  
**Final Test Date** 2011/01/09

**Start Test Time** 12:55:00  
**Final Test Time** 21:54:00

**Gauge Name** 1150  
**Gauge Serial Number**

### Test Results

RECOVERED: 25' DM 100% MUD - FEW OIL SPECKS  
63' WM 30% WTR, 70% MUD - FEW OIL SPECKS  
124' WM 36% WTR, 64% MUD - FEW OIL SPECKS  
212' TOTAL FLUID

TOOL SAMPLE: 2% OIL, 34% WTR, 64% MUD

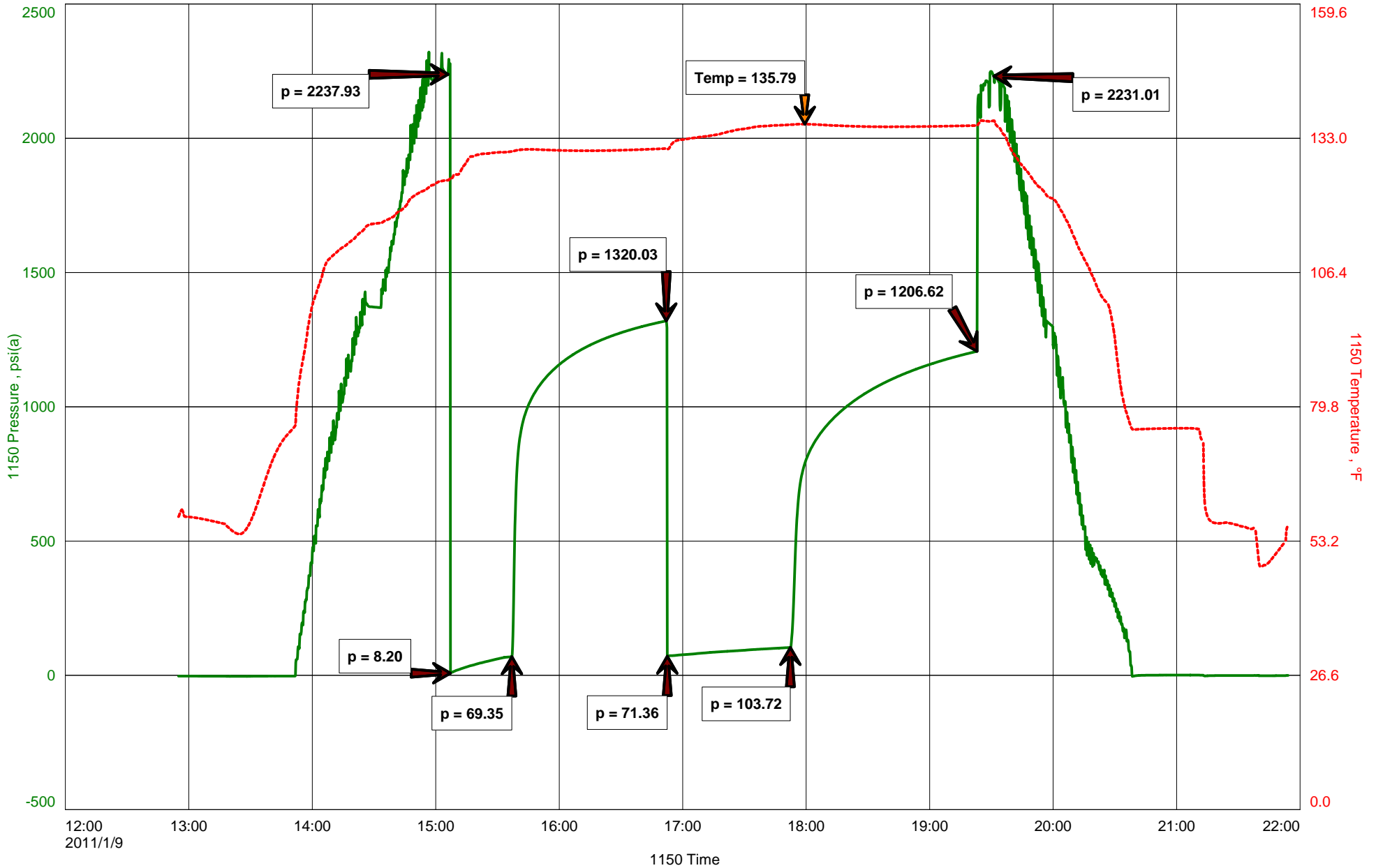
CHLORIDES: 17,000 Ppm  
PH: 7.5  
RW: .50 % 50 deg.



MID-CONTINENT OPERATING COMPANY  
DST #2 LKC 'H-J' 4,608' - 4,690'  
Start Test Date: 2011/01/09  
Final Test Date: 2011/01/09

ZWEYGARDT #1-8  
Formation: DST #2 LKIC 'H-J' 4,609' - 4,690'  
Pool: WILDCAT

# ZWEYGARDT #1-8





**DIAMOND TESTING**  
P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
(800) 542-7313

**DRILL -STEM TEST TICKET**

Company \_\_\_\_\_ Lease & Well No. \_\_\_\_\_  
Contractor \_\_\_\_\_ Charge to \_\_\_\_\_  
Elevation \_\_\_\_\_ Formation \_\_\_\_\_ Effective Pay \_\_\_\_\_ Ft. Ticket No. \_\_\_\_\_  
Date \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Range \_\_\_\_\_ W County \_\_\_\_\_ State KANSAS  
Test Approved By \_\_\_\_\_ Diamond Representative ROGER D. FRIEDLY

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
Jars: Make BOWEN Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Remarks: \_\_\_\_\_

	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) \_\_\_\_\_ A.M. P.M. Time Started Off Bottom \_\_\_\_\_ A.M. P.M. Maximum Temperature \_\_\_\_\_  
Initial Hydrostatic Pressure ..... (A) \_\_\_\_\_ P.S.I.  
Initial Flow Period ..... Minutes (B) \_\_\_\_\_ P.S.I. to (C) \_\_\_\_\_ P.S.I.  
Initial Closed In Period ..... Minutes (D) \_\_\_\_\_ P.S.I.  
Final Flow Period ..... Minutes (E) \_\_\_\_\_ P.S.I. to (F) \_\_\_\_\_ P.S.I.  
Final Closed In Period ..... Minutes (G) \_\_\_\_\_ P.S.I.  
Final Hydrostatic Pressure ..... (H) \_\_\_\_\_ P.S.I.

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# Diamond Testing

## General information Report

### General Information

**Company Name** MID-CONTINENT OPERATING COMPANY

**Contact** RICHARD SAENZ  
**Well Name** ZWEYGARDT #1-8  
**Unique Well ID** DST #3 LKC 'D' 4,498'-4,618' TD 5,375'  
**Surface Location** SEC 8-3-41 CHEYENNE COUNTY, KS  
**Well License Number**  
**Field** WILDCAT  
**Well Type** Vertical

**Job Number**  
**Representative** ROGER D. FRIEDLY  
**Well Operator** MID-CONTINENT OPERATING COMPANY  
**Report Date** 2011/01/13  
**Prepared By** ROGER D. FRIEDLY

**Test Type** STRADDLE DRILL-STEM TEST  
**Formation** DST #3 LKC 'D' 4,498'-4,618' TD 5,375'  
**Well Fluid Type** 01 Oil  
**Start Test Date** 2011/01/12  
**Final Test Date** 2011/01/13

**Start Test Time** 16:10:00  
**Final Test Time** 02:51:00

**Gauge Name** 1150  
**Gauge Serial Number**

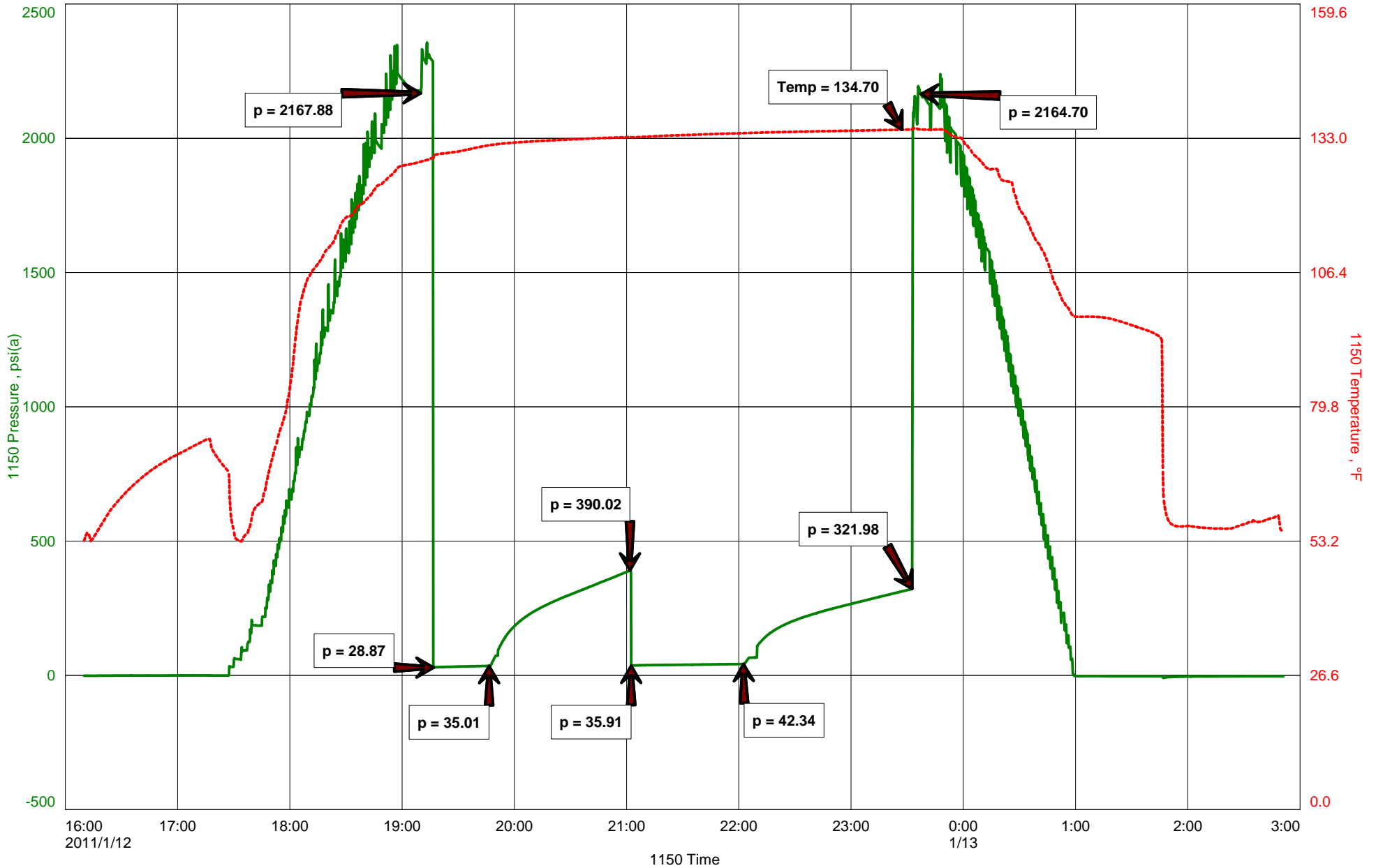
### Test Results

RECOVERED: 65' DM 100% MUD

TOOL SAMPLE: 100% DM - GOOD GASSY ODOR

BELOW STRADDLE RECORDER 1,975 PSI @ END

# ZWEYGARDT #1-8





**DIAMOND TESTING**  
P.O. Box 157  
**HOISINGTON, KANSAS 67544**  
(800) 542-7313

**DRILL -STEM TEST TICKET**

Company \_\_\_\_\_ Lease & Well No. \_\_\_\_\_  
Contractor \_\_\_\_\_ Charge to \_\_\_\_\_  
Elevation \_\_\_\_\_ Formation \_\_\_\_\_ Effective Pay \_\_\_\_\_ Ft. Ticket No. \_\_\_\_\_  
Date \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Range \_\_\_\_\_ W County \_\_\_\_\_ State KANSAS  
Test Approved By \_\_\_\_\_ Diamond Representative ROGER D. FRIEDLY

Formation Test No. \_\_\_\_\_ Interval Tested from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Total Depth \_\_\_\_\_ ft.  
Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in. Packer Depth \_\_\_\_\_ ft. Size \_\_\_\_\_ in.  
Depth of Selective Zone Set \_\_\_\_\_

Top Recorder Depth (Inside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Bottom Recorder Depth (Outside) \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.  
Below Straddle Recorder Depth \_\_\_\_\_ ft. Recorder Number \_\_\_\_\_ Cap. \_\_\_\_\_ P.S.I.

Mud Type \_\_\_\_\_ Viscosity \_\_\_\_\_ Drill Collar Length \_\_\_\_\_ ft. I.D. 2 1/4 in.  
Weight \_\_\_\_\_ Water Loss \_\_\_\_\_ cc. Weight Pipe Length \_\_\_\_\_ ft. I.D. 2 7/8 in.  
Chlorides \_\_\_\_\_ P.P.M. Drill Pipe Length \_\_\_\_\_ ft. I.D. 3 1/2 in.  
Jars: Make BOWEN Serial Number \_\_\_\_\_ Test Tool Length \_\_\_\_\_ ft. Tool Size 3 1/2-IF in.  
Did Well Flow? \_\_\_\_\_ Reversed Out \_\_\_\_\_ Anchor Length \_\_\_\_\_ ft. Size 4 1/2-FH in.  
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: \_\_\_\_\_  
2nd Open: \_\_\_\_\_

Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Recovered \_\_\_\_\_ ft. of \_\_\_\_\_  
Remarks: \_\_\_\_\_

	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. Time Started Off Bottom \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. Maximum Temperature \_\_\_\_\_  
Initial Hydrostatic Pressure ..... (A) \_\_\_\_\_ P.S.I.  
Initial Flow Period ..... Minutes \_\_\_\_\_ (B) \_\_\_\_\_ P.S.I. to (C) \_\_\_\_\_ P.S.I.  
Initial Closed In Period ..... Minutes \_\_\_\_\_ (D) \_\_\_\_\_ P.S.I.  
Final Flow Period ..... Minutes \_\_\_\_\_ (E) \_\_\_\_\_ P.S.I. to (F) \_\_\_\_\_ P.S.I.  
Final Closed In Period ..... Minutes \_\_\_\_\_ (G) \_\_\_\_\_ P.S.I.  
Final Hydrostatic Pressure ..... (H) \_\_\_\_\_ P.S.I.

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# ALLIED CEMENTING CO., LLC. 035543

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT  
*Darkey KS*

DATE <i>1/13/11</i>	SEC. <i>8</i>	TWP. <i>3</i>	RANGE <i>1</i>	LOCATION <i>ST Francis Rd 3 1/2 mi N Windyway</i>	JOB START <i>1/13/11</i>	JOB FINISH <i>2/13/11</i>
LEASEE <i>Zweigardt</i>	WELL # <i>1-8</i>				COUNTY <i>Wagoner</i>	STATE <i>KS</i>
OLD OR <input checked="" type="radio"/> NEW (Circle one)						

CONTRACTOR *Wu & PTA* OWNER *Same*

TYPE OF JOB \_\_\_\_\_

HOLE SIZE *2 1/8"* T.D. *5480'*

CASING SIZE *8 5/8"* DEPTH *305'*

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE *4 1/2"* DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. \_\_\_\_\_

PERFS. \_\_\_\_\_

DISPLACEMENT \_\_\_\_\_

EQUIPMENT

PUMP TRUCK	CEMENTER	HELPER	
# _____	<i>Alan</i>	<i>Wayne</i>	
BULK TRUCK	DRIVER	<i>Carl</i>	
# _____	DRIVER		

REMARKS:  
*25 SK @ 3460'*  
*100 SK @ 2675'*  
*40 SK @ 330'*  
*NO SK @ 40'*

WAT HOLE *30*

APPROX HOLE *15*

CHARGE TO: *MidContinet Energy Op*

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CEMENT AMOUNT ORDERED *280 SK, 604 yd*

*40% gel 14 1/4 E10*

COMMON	<i>132</i>	@	<i>15 45</i>	<i>2039 40</i>
POZMIX	<i>88</i>	@	<i>8</i>	<i>204 26</i>
GEL	<i>8</i>	@	<i>2082</i>	<i>166 30</i>
CHLORIDE		@		
ASC		@		

<i>E10 seal 5516</i>	@	<i>250</i>	<i>137 50</i>
HANDLING <i>2305Ks</i>	@	<i>240</i>	<i>552 00</i>
MILEAGE <i>104 SK/mile</i>	@		<i>200</i>
TOTAL			<i>5899 30</i>

DEPTH OF JOB	SERVICE
PUMP TRUCK CHARGE	
EXTRA FOOTAGE	
MILEAGE <i>100</i>	@
MANIFOLD	@
TOTAL	

PLUG & FLOAT EQUIPMENT	
<i>8 1/2" Dry Well Plug</i>	@ <i>40</i>
	@
	@
	@
	@

To Allied Cementing Co., LLC.  
You are hereby requested to rent cementing equipment

# ALLIED CEMENTING CO., LLC. 035543

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT

*Darley KS*

DATE <i>1/13/11</i>	SEC. <i>8</i>	TWP. <i>3</i>	RANGE <i>1</i>	LOCATION <i>57 Francis Rd 3 1/2 mi N Wind River</i>	JOB START <i>1/13/11</i>	JOB FINISH <i>2/13/11</i>
LEASE# <i>Zweigandt</i>	WELL # <i>1-8</i>				COUNTY <i>Logan</i>	STATE <i>KS</i>
OLD OR <input checked="" type="radio"/> NEW (Circle one)						

CONTRACTOR *W & PTA*

OWNER *Seave*

TYPE OF JOB \_\_\_\_\_ T.D. *5480'*

HOLE SIZE *2 7/8"* DEPTH *305'*

CASING SIZE *8 5/8"* DEPTH \_\_\_\_\_

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE *4 1/2"* DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. \_\_\_\_\_

PERFS. \_\_\_\_\_

DISPLACEMENT \_\_\_\_\_

CEMENT AMOUNT ORDERED *220 SK, 604 yd*

*40% gel 14 1/2 E10*

COMMON *132* @ *15.45* *2039.10*

POZMIX *88* @ *8.20* *704.20*

GEL *8* @ *20.80* *166.40*

CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_

ASC \_\_\_\_\_ @ \_\_\_\_\_

*E10 seal 5516* @ *2.50* *137.50*

EQUIPMENT

PUMP TRUCK CEMENTER *Alan*

# HELPER *Wagner*

BULK TRUCK DRIVER *Wes*

# DRIVER \_\_\_\_\_

BULK TRUCK DRIVER \_\_\_\_\_

# DRIVER \_\_\_\_\_

HANDLING *2305Ks* @ *2.40* *552.00*

MILEAGE *10.4 SK/mile* @ *20.00* *208.00*

TOTAL *589.94*

REMARKS:

*25 SK @ 3460'*

*100 SK @ 2675'*

*40 SK @ 330'*

*NO SK @ 40'*

DEPTH OF JOB \_\_\_\_\_

PUMP TRUCK CHARGE \_\_\_\_\_ @ \_\_\_\_\_ *185.00*

EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_

MILEAGE *100* @ *2.25* *225.00*

MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_

CHARGE TO *MidContinet Energy Op*

STREET \_\_\_\_\_

TOTAL *1885.00*

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

*8 1/2" Log Well Plug* @ \_\_\_\_\_ *40.00*

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

To Allied Cementing Co., LLC.  
You are hereby requested to rent cementing equipment

# ALLIED CEMENTING CO., LLC.

Federal Tax I.D.# 20-5975804

040861

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:

*Wally Doyle*  
Dakley

DATE <u>12-20-10</u>	SEC. <u>8</u>	TWP. <u>3</u>	RANGE <u>41</u>	LOC. <u>ST Francis</u>	CALLER <u>Eric Skell</u>	ON LOCATION	JOB START COUNTY <u>DeWitt</u>	JOB FINISH STATE <u>Ks</u>
LEASER <u>Zweygardt</u>	WELL # <u>1-8</u>						CHEYENNE	
OLD OR NEW <input checked="" type="radio"/> (Circle one)				LOCATION <u>WINTD</u>				

CONTRACTOR Wintd Rig 2 OWNER same  
 TYPE OF JOB Surface  
 HOLE SIZE 12 1/4 T.D. 305'  
 CASING SIZE 8 3/8 DEPTH 305'  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG. 15'  
 PERFS.  
 DISPLACEMENT 18,47 BBL  
 EQUIPMENT

PUMP TRUCK CEMENTER Andrew  
 # 423-281 HELPER Lorene  
 BULK TRUCK DRIVER Jerry  
 BULK TRUCK DRIVER  
 # DRIVER

REMARKS:

Cement D.D. Circulate

Thank you

CHARGE TO: Mid Continent Energy

CITY STATE ZIP

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cement and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Lorne Lang  
 SIGNATURE Lorne Lang

OWNER same

CEMENT AMOUNT ORDERED 165 SKS com 380cc 329cc

COMMON 165 SKS @ 15.45 = 2549.25  
 POZMIX @  
 GEL 3 SKS @ 20.80 = 62.40  
 CHLORIDE 4 SKS @ 58.20 = 349.20  
 ASC @

HANDLING 124 SKS @ 3.40 = 417.60  
 MILEAGE 104.54 miles @ 17.40 = 1740.00  
 TOTAL 5718.45

SERVICE

DEPTH OF JOB 305' PUMP TRUCK CHARGE 1218.00  
 EXTRA FOOTAGE @  
 MILEAGE 100 miles @ 7.00 = 700.00  
 MANIFOLD @

TOTAL 1718.00

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	

TOTAL

SALES TAX (if Any) \_\_\_\_\_  
 TOTAL CHARGES \_\_\_\_\_  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS