



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: _____



1055735

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Michael Drilling, LLC
P.O. Box 402
Iola, KS 66749
620-496-7795

042011 _____

Company: Rick Michael
 Address: PO Box 402
Iola Kansas 66749
 Ordered By: Rick

Date: 04/20/11
 Lease: Latta
 County: Allen
 Well#: R-4
 API#: _____

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-40	Overburden	925-940	Oil Sand
40-101	Shale	940	TD
101-155	Lime		
155-170	Sandy Shale		Surface 40'
170-243	Shale		
243-303	Lime		
303-313	Black Shale		
313-355	Lime		
355-530	Shale		
530-560	Lime		
560-573	Shale		
573-598	Sand		
598-638	Shale		
638-664	Lime		
664-676	Shale		
676-694	Lime		
694-700	Shale		
700-706	Lime		
706-718	Black Shale		
718-724	Lime		
724-728	Shale		
728-739	Oil Sand		
739-918	Shale		
918-925	Sand - No Oil		



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 31883

LOCATION Ottawa KS

FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
4/21/11	5448	V. Latta # R-4	SE 4	24	18	AL			
CUSTOMER <u>Michael Drilling</u>									
MAILING ADDRESS <u>Box 402</u>									
CITY <u>Iola</u>		STATE <u>KS</u>	ZIP CODE <u>66749</u>						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		<u>506</u>		<u>Fred</u>		<u>Safety Mtg</u>			
		<u>368</u>		<u>Ken</u>		<u>KN</u>			
		<u>370</u>		<u>Derek</u>		<u>DM</u>			
		<u>503</u>		<u>Tim</u>		<u>TBW</u>			

JOB TYPE Long string HOLE SIZE 7 7/8 HOLE DEPTH 940' CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH 922' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 10'
 DISPLACEMENT 22.5 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish Circulation. Wash down 10' 5 1/2" casing.
Mix & Pump 200# Premium Gel Flush. Pump 10 BBL Fresh
water & follow w/ SKS 50/50 Poz Mix Cement 28 Gal
Displace 5 1/2 casing clean w/ 22.5 BBLs Fresh water.
Shut in casing

N+B Oil Well Service.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	45mi	MILEAGE		180 ⁰⁰
5402	922	Casing footage		N/C
5407A	328.95	Ton Miles		414.48
5502C	2 hrs	80 BBL Vac Truck		180 ⁰⁰
1124	170 SKS	50/50 Poz Mix Cement		1776 ⁵⁰
1118B	486 #	Premium Gel		97 ²⁰
		WO # 240872		
			7.55%	SALES TAX
				ESTIMATED
				TOTAL
				141 ⁷⁷
				3764 ⁶⁵

Ravin 3737

Rand Marshall

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.

Received of 5/19/ 492044
Iola, Kansas,

THE NEW KLEIN LUMBER CO., INC.
BUILDING MATERIALS

365-2201

4 Sacks Ploment 37⁸⁰
Sales Tax 323
4103

PAID

V-Lotta RH

Received of
Iola, Kansas, 5/19/1920

THE NEW KLEIN LUMBER CO., INC.
BUILDING MATERIALS

365-2201

4 Sacks Ploment 37⁸⁰
Sales Tax 3²³

41⁰³

Paid

V- Latta R-4