



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: _____



1058531

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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Michael Drilling, LLC

P.O. Box 402
Iola, KS 66749
620-496-7795

Company: Ron & Bob Oil
Address: PO Box 41
Neosho Falls Kansas 66758
Ordered By: Bob

Date: 03/09/11
Lease: GURNEY
County: _____
Well#: 1
API#: _____

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-41	Overburden	1027-1030	Oil Odor
41-180	Shale	1030-1032	Sand
180-196	Lime	1032-1042	Oil Sand-Broken
196-207	Shale	1042-1364	Shale
207-245	Lime	1364-1400	Mississippi Lime
245-287	Shale	1400-1404	Shale -Oil Odor
287-495	Lime	1404-1433	Lime
495-507	Shale	1433-1443	Shale -Good Odor
507-519	Lime with Shale Streaks	1443-1478	Mississippi Lime
519-624	Lime	1478	TD
624-645	Shale Streaks		
645-834	Shale		Surface 41'
834-844	Lime		
844-851	Shale		
851-885	Sandy Lime		
885-910	Sandy Shale		
910-935	Lime		
935-969	Shale Streaks		
969-975	Lime		
975-988	Black Shale		
988-991	Oil Odor		
991-998	Oil Sand		
998-1026	Shale		
1026-1027	Cap Rock		

FED ID# 48-1214033
 MC ID # 165290
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3613A Y Road
 Madison, KS 66860

Hurricane Services, Inc.
 P.O. Box 782228
 Wichita, KS 67278-2228

Cement, Acid or Tools
 Service Ticket
 4338

DATE 3-11-11

COUNTY Woodson CITY _____

CHARGE TO Ren + Bob Oil

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Guatney # 1 CONTRACTOR Hurricane Serv.

KIND OF JOB Longstring SEC. _____ TWP. _____ RNG. _____

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			750.00
156 sks	Quick Set cement		2574.00
780 lbs.	KOI-SEAL 5#P/SK		351.00
	BULK CHARGE		
9.3 TONS	BULK TRK. MILES Trk #202		306.90
0	PUMP TRK. MILES Truck on well		N/C
1	PLUGS 4 1/2" Top Rubber		38.00
		7.3% SALES TAX	216.30
		TOTAL	4236.20

T.D. 1478'

SIZE HOLE 6 3/4" (Air Hole)

MAX. PRESS. _____

PLUG DEPTH _____

PLUG USED _____

CSG. SET AT 1455' VOLUME 23 Bbls

TBG SET AT _____ VOLUME _____

SIZE PIPE 4 1/2" - used Pipe

PKER DEPTH _____

TIME FINISHED _____

REMARKS: Rig up to 4 1/2" casing, Break circulation w/ fresh water, Pumped 15 Bbl. Dye water.
Mixed 156 sks. Quick Set cement w/ 5#P/SK of KOI-SEAL. Shutdown - wash out Pump & lines - Release Plug
Displace Plug with 23 Bbls water, Final Pumping at 650 PSI - Bumped Plug to 1000 PSI
Release Pressure - Float Held - close casing in w/ 0 PSI Good cement returns w/ 6 Bbl. slurry
"Thank you"

EQUIPMENT USED

NAME	UNIT NO.	NAME	UNIT NO.
<u>Kelly Kimbrell</u>	<u>201</u>	<u>Jerry #202</u>	
<u>Brad Butcher</u>		<u>Witnessed by Bob</u>	
HSI REP.		OWNER'S REP.	