



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: _____



1059739

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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NO ELEC. CHART

BI ER1-27DST1.txt

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	MO82
Well Name	BIER #1-27	Representative	MIKE COCHRAN
Unique Well ID	DST#1 4180-4250 LSG. 140-160'	Well Operator	MID CONTINENT
Surface Location	SEC.27-19-27 LANE CO. KS.	Report Date	2011/01/10
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KEVIN L. KESSLER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 4180-4250 LSG. 140-160'		
Test Purpose (AEUB)			
Start Test Date	2011/01/10	Start Test Time	14:14:00
Final Test Date	2011/01/10	Final Test Time	17:24:00
		Well Fluid Type	01 Oil

Test Results

Remarks RECOVERED: 15' DM
15' TOTAL FLUID

TOOL SAMPLE: DM W/ OIL SPECKS



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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 _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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 _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

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

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	MO83
Well Name	BIER #1-27	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4270-4320 LSG 200' ZN	Well Operator	MID CONTINENT
Surface Location	SEC.27-19-27 LANE CO. KS.	Report Date	2011/01/11
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KEVIN L. KESSLER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 4270-4320 LSG 200' ZN		
Test Purpose (AEUB)			
Start Test Date	2011/01/11	Start Test Time	12:49:00
Final Test Date	2011/01/11	Final Test Time	23:26:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks RECOVERED: 5' CO
150' SOSM, 1%OIL, 99% MUD
155' TOTAL FLUID

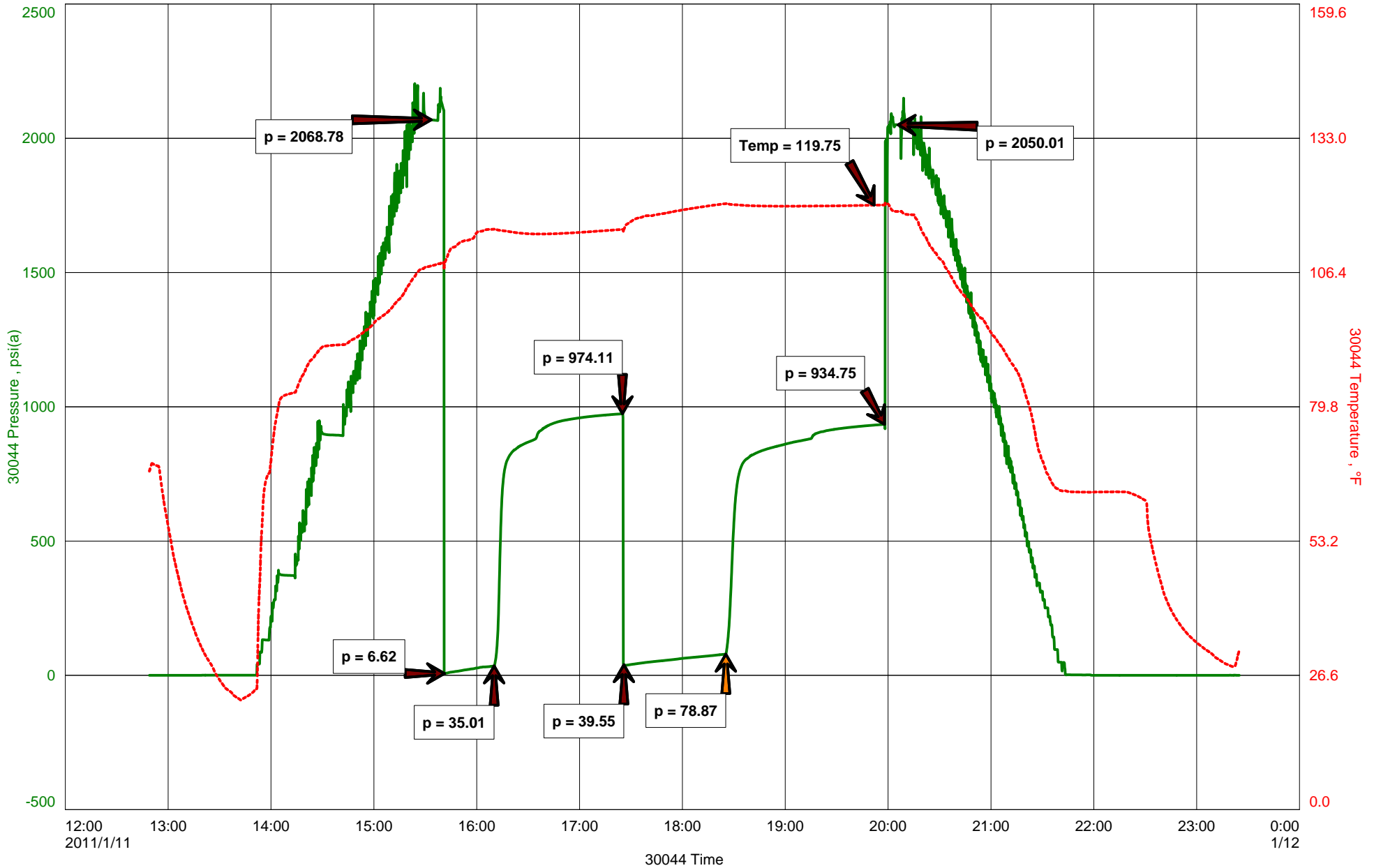
GRAVITY: 40.0 @ 60 DEG.

TOOL SAMPLE: DM W/ GOOD OIL SPOTS. 12% OIL, 2% WTR, 86% MUD

MID CONTINENT
DST#2 4270-4320 LSG 200' ZN
Start Test Date: 2011/01/11
Final Test Date: 2011/01/11

BIER #1-27
Formation: DST#2 4270-4320 LSG 200' ZN
Pool: WILDCAT
Job Number: MO83

BIER #1-27





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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 _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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 _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

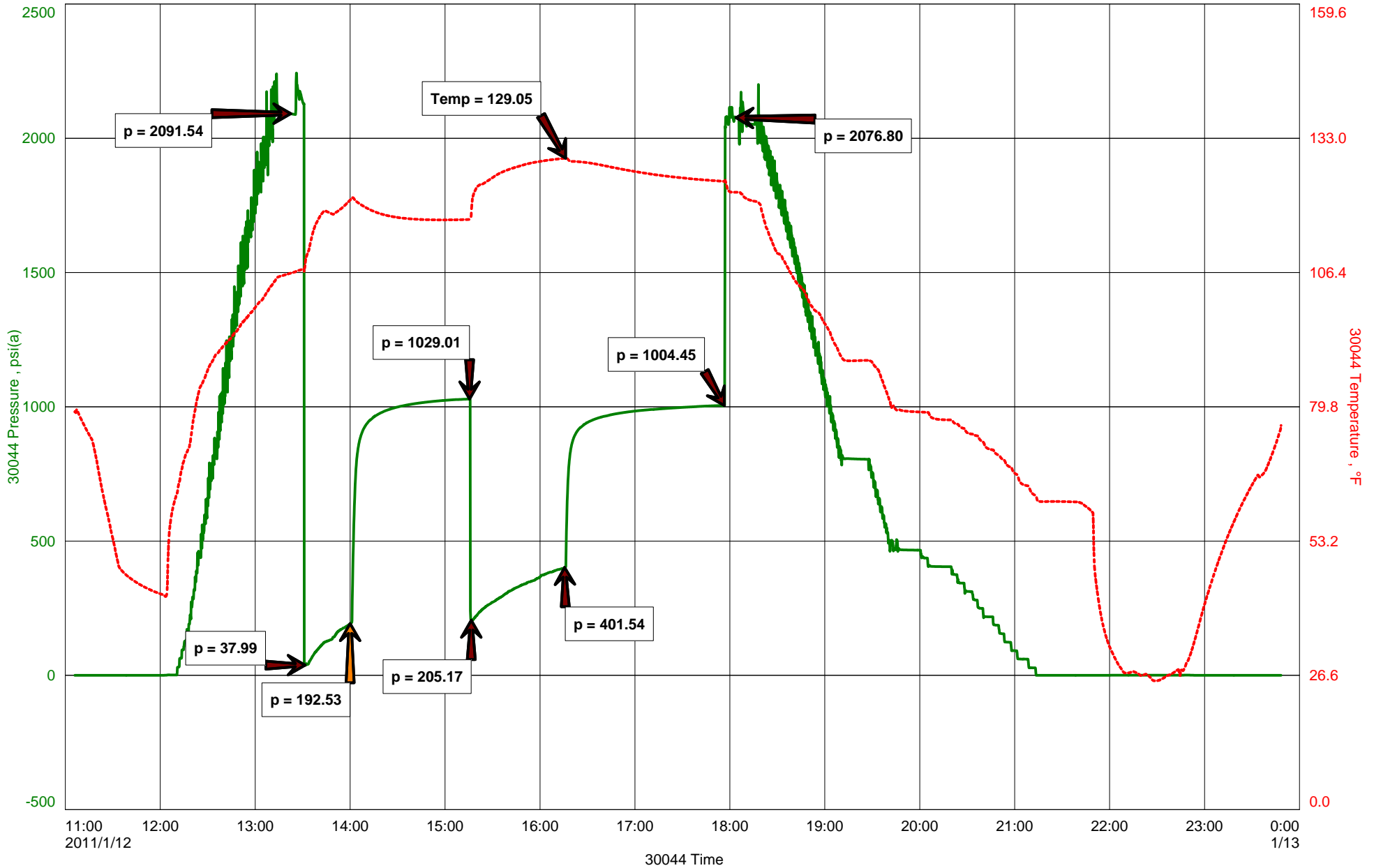
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... 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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MID CONTINENT
DST#3 4315-4360 LSG 220'
Start Test Date: 2011/01/12
Final Test Date: 2011/01/12

BIER #1-27
Formation: DST#3 4315-4360 LSG 220'
Pool: WILDCAT
Job Number: MO84

BIER #1-27



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	MO84
Well Name	BIER #1-27	Representative	MIKE COCHRAN
Unique Well ID	DST#3 4315-4360 LSG 220'	Well Operator	MID CONTINENT
Surface Location	SEC.27-19-27 LANE CO. KS.	Report Date	2011/01/12
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KEVIN L. KESSLER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#3 4315-4360 LSG 220'		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/01/12	Start Test Time	11:06:00
Final Test Date	2011/01/12	Final Test Time	23:49:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks RECOVERED: 535' GIP
30' CO
756' WGMCO 11% GAS, 64% OIL, 9% WTR, 16% MUD
189' MW 90% WTR, 10% MUD
975' TOTAL FLUID

GRAVITY: 39.2@60 DEG.
CHLOR: 66,000 PPM
PH: 8.0

TOOL SAMPLE: 100% OIL



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

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 _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 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 STERLING 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 _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	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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RECEIVED

FEB 7 2011

Invoice



P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300



DATE	INVOICE #
1/28/2011	19918

BILL TO

Mid Continent Energy Operating Company
100 W 5th Street, Suite 450
Tulsa, OK 74103

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-27	Bier	Lane	Cheyenne Well Se...	Oil	Development	Cement Port Collar	Wayne
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				35	Miles	5.00	175.00
576D-D	Pump Charge - Port Collar				1	Job	1,100.00	1,100.00
105	Port Collar Tool Rental With Man				1	Each	300.00	300.00T
330	Swift Multi-Density Standard (MIDCON II)				250	Sacks	15.00	3,750.00T
276	Flocele				80	Lb(s)	1.50	120.00T
290	D-Air				3	Gallon(s)	35.00	105.00T
581D	Service Charge Cement				325	Sacks	1.50	487.50
583D	Drayage				565.43	Ton Miles	1.00	565.43
	Subtotal							6,602.93
	Sales Tax Lane County						6.30%	269.33

ENTERED FEB 07 2011

1/9 1914

SCANNED

~~ATTACHED~~

CO.# AFE
LSE # 152030
ACCT # 1563-30
APPROVED ✓
BCP ACP LOE

Thank You For Your Business In 2010!
We Look Forward To Serving You In 2011!

Total \$6,872.26

CR 25485



Services, Inc.

CHARGE TO: MW Contract Energy Operating
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 19918

CITY, STATE, ZIP CODE

PAGE 1 OF 1

1. SERVICE LOCATIONS <u>NESS CITY, KS</u>	WELL/PROJECT NO. <u>1-27</u>	LEASE <u>REER</u>	COUNTY/PARISH <u>WABE</u>	STATE <u>KS</u>	CITY	DATE <u>1-28-11</u>	OWNER <u>SAME</u>
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>CHESSIDE WELL SERVICE</u>	RIG NAME/NO.	WELL CATEGORY <u>Development</u>	SHIPPED VIA <u>RT</u>	DELIVERED TO <u>Location</u>	ORDER NO.	WELL LOCATION <u>AUMERA, K-7s, YTE, S.</u>
3. WELL TYPE <u>OR</u>	JOB PURPOSE <u>Center Port Cover</u>	WELL PERMIT NO.					
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #10	35	ME			500	175.00
576b					PUMP CHARGE	1	008			100.00	100.00
105					PORT GEAR OPERATING TOOL	1	008			300.00	300.00
330					SUDS MOTE-BESSEY STAINING	250	008			15.00	3750.00
276					FEIGLE	80	008			1.50	120.00
290					D-ADR	3	604			35.00	105.00
581					SEIZE CHARGE CONGRIT	325	008			1.50	487.50
583					DAMAGE	32310	008			1.00	32310.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY,** and **LIMITED WARRANTY** provisions.
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED 1-28-11 TIME SIGNED 1000 A.M. P.M.

X Wendy Anderson

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	
WE UNDERSTOOD AND MET YOUR NEEDS?				6602.93	
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				SALES TAX 6.3%	
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL 6872.26	

SWIFT OPERATOR Wendy Anderson APPROVAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 1-28-11 PAGE NO. 1

CUSTOMER M2S CONTRACT ENERGY WELL NO. 1-27 LEASE BIER JOB TYPE CEMENT PORT COLLAR TICKET NO. 19918

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1000							ON LOCATION
								2 3/8 x 4 1/2 PORT COLLAR = 2190'
	1145				✓		1000	PSI TEST CASING - HEAD
	1450	3	3	✓		300		OPEN PORT COLLAR - ZWT RATE
	1500	4 1/2	140	✓		450		MIX CEMENT 250 SKS SMD
	1530	4	7 1/2	✓		600		DISPLACE CEMENT
	1540				✓	1000		CLOSE PORT COLLAR - PSI TEST - HEAD CIRCULATED 20 SKS CEMENT TO PZT
	1600	4	25		✓	450		RUN 5 JTS - CIRCULATE CLEAN WASH TRUCK / PULL TOOL
	1700							JOB COMPLETE
								THANK YOU WAYNE, JASON, DAVID



P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300



RECEIVED

JAN 21 2011

Invoice

DATE	INVOICE #
1/14/2011	19514

BILL TO
Mid Continent Energy Operating Company
100 W 5th Street, Suite 450
Tulsa, OK 74103

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-27	Bier	Lane	Val Energy #4	Oil	Development	LongString	Nick
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				35	Miles	5.00	175.00
578D-L	Pump Charge - Long String - 4700 Feet				1	Job	1,400.00	1,400.00
221	Liquid KCL (Clayfix)				2	Gallon(s)	25.00	50.00T
281	Mud Flush				500	Gallon(s)	1.00	500.00T
290	D-Air				2	Gallon(s)	35.00	70.00T
402-4	4 1/2" Centralizer				10	Each	50.00	500.00T
403-4	4 1/2" Cement Basket				2	Each	200.00	400.00T
404-4	4 1/2" Port Collar				1	Each	1,900.00	1,900.00T
406-4	4 1/2" Latch Down Plug & Baffle				1	Each	200.00	200.00T
407-4	4 1/2" Insert Float Shoe With Auto Fill				1	Each	250.00	250.00T
414-4	4 1/2" Limit Clamp				1	Each	30.00	30.00T
419-4	4 1/2" Rotating Head Rental				1	Each	150.00	150.00T
325	Standard Cement				225	Sacks	12.00	2,700.00T
276	Flocele				50	Lb(s)	1.50	75.00T
283	Salt				1,100	Lb(s)	0.15	165.00T
284	Calseal				11	Sack(s)	30.00	330.00T
285	CFR-1				100	Lb(s)	4.00	400.00T
581D	Service Charge Cement				220	Sacks	1.50	330.00
583D	Drayage				403	Ton Miles	1.00	403.00
Subtotal								10,028.00
Sales Tax Lane County							6.30%	486.36

CO. # AFE
LSE # 150030
ACCT # 1563-30
APPROVED
BCP ACP LOE

ENTERED JAN 25 2011
1807 //
// SCANNED

Thank You For Your Business In 2010!
We Look Forward To Serving You In 2011!

ATTACHED
Total \$10,514.36

CR 25394



CHARGE TO: MidContinent Energy Operating
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET
19514

PAGE 1 OF 2

1. SERVICE LOCATIONS: Hays, KS WELLPROJECT NO.: H-22 LEASE: Birr COUNTY/PARISH: Lane STATE: KS DATE: 1-14-11 OWNER: Same

2. Ness City, KS TICKET TYPE: SERVICE CONTRACTOR: Val Energy #4 RIG NAME/NO.: _____ ORDER NO.: _____

3. WELL TYPE: oil WELL CATEGORY: Development JOB PURPOSE: Longstring DELIVERED TO: Location WELL PERMIT NO.: _____ WELL LOCATION: _____

4. REFERRAL LOCATION: _____ INVOICE INSTRUCTIONS: _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
75					MILEAGE #111	35	Mi			5.00	175.00
578					Amphicharge Longstring	1	ea	4700	1	1400.00	1400.00
221					RCL	2	gal			25.00	50.00
281					MudFlash	500	gal			1.00	500.00
290					D-Air	2	gal			35.00	70.00
402					Centralizers	10	ea	44	11	56.00	560.00
403					Baskets	2	ea			200.00	400.00
404					Part Cellar	1	ea			1900.00	1900.00
406					LO Plug & Baffle	1	ea			200.00	200.00
407					Insert Float Shoe w/P.H.	1	ea			250.00	250.00
414					Limit Clamp	1	ea			30.00	30.00
19					Rotating Head	1	ea			150.00	150.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: 1-15-11 TIME SIGNED: 0708 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SWIFT OPERATOR: Michelle Weber APPROVAL: Just Roberts

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR: _____ APPROVAL: _____

Thank You!

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				5625	0.00
WE UNDERSTOOD AND MET YOUR NEEDS?				4403	0.00
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				9808	0.00
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				10028	0.00
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		486	36
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				10,514	36



PO Box 466,
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 19574

CUSTOMER: Mid Continent Energy
WELL: #1-27 Bits

DATE: 1-14-11

PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WEIGHT				DATE	UNIT PRICE	AMOUNT
		LOG	ACCT	DE			QTY	UM	QTY	UM			
325						Standard Cement	220	shs				12.00	2640.00
276						Fluocel	50	#				1.50	75.00
283						Salt	1100	#				1.50	1650.00
284						Cal Seal	11	shs				30.00	330.00
285						CFR-1	100	#				4.00	400.00
581						SERVICE CHARGE						1.50	330.00
583						MILEAGE CHARGE						1.00	403.00
						TOTAL WEIGHT	230	shs					
						LOADED MILES	220	shs					
						CUBIC FEET	403	shs					
						TON MILES	403	shs					

CONTINUATION TOTAL 4903.00

JOB LOG

SWIFT Services, Inc.

DATE 1-14-11 PAGE NO. 7

CUSTOMER Mid Continent Energy WELL NO. #1-27 LEASE Bick JOB TYPE Longstring TICKET NO. 19514

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2145							07100 w/ FE
								RTD 4700' LTD 4699'
								4 1/2" x 10.5" x 4696' x 42'
								Cent. Mid 1, 2, 3, 6, 7, 8, 9, 10, 59
								Basket Mid 1, 60
								P.C. 60 @ 2190'
	0315							start FE
	0520							Break Circulation
	0600	2.5	7/5					Plug RH & NH 30/20 sks EA-2
	0610	4	0			150		Start Mud Flush
		4	12/0			150		Start KCL Flush
	0618	5.5	20/0			200		Start Cement 170 sks EA-2
	0626		48					End Cement
								Wash P & L
								Drop L.D. Plug
	0629	6	0			100		Start Displacement
	0638	5				200		Catch Cement
	0645		74			900/400		Land Plug
								Release Pressure
								Float Held

Thank you

Nick, Josh F. & Joe



PO BOX 31 Russell, KS 67665

RECEIVED

JAN 18 2011

INVOICE

Invoice Number: 125835

Invoice Date: Jan 5, 2011

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

Bill To:

Mid-Continent Energy Operating Co.
100 West 5th St. Suite 450
Tulsa, OK 74103

Federal Tax I.D.#: 20-5975804

Bier surface pipe

Customer ID	Well Name# or Customer P.O.	Payment Terms	
MidCoEnOp	Well #1-27	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Great Bend	Jan 5, 2011	2/4/11

Quantity	Item	Description	Unit Price	Amount
185.00	MAT	Class A Common	13.50	2,497.50
3.00	MAT	Gel	20.25	60.75
6.00	MAT	Chloride	51.50	309.00
185.00	SER	Handling	2.25	416.25
28.00	SER	Mileage 185 sx @.10 per sk per mi	18.50	518.00
1.00	SER	Surface	991.00	991.00
28.00	SER	Pump Truck mileage	7.00	196.00

ENTERED JAN 18 2011

11/11 1899

SCANNED
ATTACHED

CO.# *AFE*
LSE # *150030*
ACCT # *1562-30*
APPROVED *[Signature]*
BCP ACP LOE

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

\$ *997.70*

ONLY IF PAID ON OR BEFORE
Jan 30, 2011

Subtotal	4,988.50
Sales Tax	180.64
Total Invoice Amount	5,169.14
Payment/Credit Applied	
TOTAL	5,169.14

ck 25283

< 997.70

4,171.44

ALLIEE CEMENTING CO., LLC. 038636

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: 403

DATE <u>1-5-11</u>	SEC. <u>7</u>	TWP. <u>19</u>	RANGE <u>27</u>	CALLED OUT <u>5:00 am</u>	ON LOCATION <u>8:30 am</u>	JOB START <u>10:00 am</u>	JOB FINISH <u>11:00 am</u>
LEASE <u>Bair</u>	WELL # <u>1-27</u>	LOCATION <u>Nass + hain Co line</u>				COUNTY <u>Lane</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)		<u>2w 75 1/2 E 5/5</u>					

CONTRACTOR Val Drilling Rig 4 OWNER _____

TYPE OF JOB Surface Job

HOLE SIZE 12 1/2 T.D. 314 ft

CASING SIZE 8 3/8 DEPTH 314 ft

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 14 #

PERFS. _____

DISPLACEMENT 18 bbl

EQUIPMENT _____

PUMP TRUCK # 366 CEMENTER Mike M.
HELPER Bob

BULK TRUCK # 482 DRIVER Kevin W.

BULK TRUCK # _____ DRIVER _____

CEMENT	AMOUNT ORDERED			
COMMON	<u>185</u>	@	<u>13.50</u>	<u>2,497.50</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>20.25</u>	<u>60.75</u>
CHLORIDE	<u>6</u>	@	<u>51.50</u>	<u>309.00</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>185</u>	@	<u>2.25</u>	<u>416.25</u>
MILEAGE	<u>185 x 28 x .10</u>			<u>518.00</u>
			TOTAL	<u>3,801.50</u>

REMARKS:
Rig was still drilling when we
got there start out of the hole
with drill pipe circulate the
hole & then mix cement &
Displace it down cement
did circulate to surface

CHARGE TO: Mid Continent Energy Op
STREET _____

and furnish cementer 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 _____
SIGNATURE [Signature]

SERVICE

DEPTH OF JOB	<u>314 ft</u>		
PUMP TRUCK CHARGE			<u>991.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>28</u>	@	<u>7.00</u> <u>196.00</u>
MANIFOLD		@	
		@	
		@	
			TOTAL <u>1187.00</u>
SALES TAX (If Any) _____			
TOTAL CHARGES <u>[Signature]</u>			
DISCOUNT _____ IF PAID IN 30 DAYS			