



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: _____



1059830

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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Form	ACO1 - Well Completion
Operator	Jo-Allyn Oil Co., Inc.
Well Name	D D BAKER 1
Doc ID	1059830

All Electric Logs Run

DUEL INDUCTION/COMPENSATED DENSITY/NEUTRON
CNL/CDL
MICRO RESISTIVITY
BOREHOLE COMPENSATED SONIC LOB

Form	ACO1 - Well Completion
Operator	Jo-Allyn Oil Co., Inc.
Well Name	D D BAKER 1
Doc ID	1059830

Tops

Name	Top	Datum
HEEBNER	3808	3824
TORONTO	3824	3844
LANSING	3844	4150
BKC	4150	4282
PAWNEE	4282	4355
FT SCOTT	4355	4376
CHEROKEE	4376	4455
MISSISSIPPI	4455	4560

ALLIED CEMENTING CO., LLC. 33466

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend KS

DATE <u>12-3-10</u>	SEC. <u>33</u>	TWP. <u>16S</u>	RANGE <u>25 W</u>	CALLED OUT	ON LOCATION	JOB START <u>3:30 AM</u>	JOB FINISH <u>4:00 AM</u>
LEASE <u>D.O. Baker</u>	WELL# <u>1</u>	LOCATION <u>283+4 11 west rd</u>			COUNTY <u>Ness</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)			RTI south to RD 250				

CONTRACTOR Landmark Rig 2 OWNER Jo Allyn Oil Co

TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 266
 CASING SIZE 8 5/8 DEPTH 251.76 263
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 40.73
 PERFS.
 DISPLACEMENT 17 BBHs fresh water

EQUIPMENT

PUMP TRUCK CEMENTER Wayne
 # 366 HELPER Bob-R
 BULK TRUCK
 # 482 DRIVER Gary
 BULK TRUCK
 # DRIVER

REMARKS:

Pipe on Bottom Break Circulate with Rig and Shut Down
Hook up mix 175SX Class A 3%cc 2% Gel Shut Down Release plus Displace 17 BBHs fresh water. Shut in.
Cement did circulate Rig Down

CEMENT

AMOUNT ORDERED 175 SX Class A 3%cc 2% Gel

COMMON	<u>175</u>	@	<u>13.50</u>	<u>2,362.50</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>175</u>	@	<u>2.25</u>	<u>393.75</u>
MILEAGE	<u>175 x 2.64 = 10</u>			<u>455.00</u>
TOTAL				<u>3,581.00</u>

SERVICE

DEPTH OF JOB	<u>263</u>			
PUMP TRUCK CHARGE				<u>990.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>26</u>	@	<u>7.00</u>	<u>182.00</u>
MANIFOLD		@		
		@		
		@		
TOTAL				<u>1172.00</u>

PLUG & FLOAT EQUIPMENT

	@			
<u>1 Baffle Plate</u>	@	<u>67.50</u>		<u>67.50</u>
<u>1 Rubber Plug</u>	@	<u>113.00</u>		<u>113.00</u>
<u>1 Guided Shoe</u>	@	<u>258.00</u>		<u>258.00</u>
	@			
TOTAL				<u>438.50</u>

SALES TAX (If Any) _____
 TOTAL CHARGES ~~1172.00~~ _____
 DISCOUNT _____ IF PAID IN 30 DAYS

CHARGE TO: Jo. Allyn Oil Co.
 STREET _____
 CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment 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 Neal R. Goodwin
 SIGNATURE Neal R Goodwin



Services, Inc.

CHARGE TO: TO ALYN OIL CO.
 ADDRESS:
 CITY, STATE, ZIP CODE

TICKET
20002

PAGE 1 OF 2

SERVICE LOCATIONS
 1. Ness City, KS WELL/PROJECT NO. #1 DDBAKER LEASE
 2. Landmark Drilling Rig #2 CONTRACTOR Ness COUNTY/PARISH Ness STATE KS. DATE 13 Dec 10 OWNER
 3. OIL WELL TYPE DEVELOPMENT RIG NAME/NO. Arnold, KS. ORDER NO. 13 Dec 10
 4. DEVELOPMENT WELL CATEGORY 5 1/2 HOUSING JOB PURPOSE LOCATION WELL PERMIT NO. 200, 15, 1/2 W, ST 20
 REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.			UNIT PRICE	AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.		
S75					MILEAGE #110	25	MIL		5.00	125.00
S78					Pump Charge	1	EA	4558	14.00	1400.00
402					NEUTRALIZERS	10	EA		55.00	550.00
403					CEMENT BASKET	3	EA		200.00	600.00
404					PORT COLLAR	1	EA	1820	19.00	1900.00
406					LATCH DOWN PLUG & BAPPLE	1	EA		225.00	225.00
407					INSERT FIDAT SHADE W/AUTO FILL	1	EA		275.00	275.00
281					MUD FLUSH	500	GA		1.00	500.00
221					ALUMINUM KEL	2	EA		25.00	50.00

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 13 Dec 10 TIME SIGNED 8:05/15 A.M. P.M.
 X Neal R. Hawk

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

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

TAX 6-3 436.15
 TOTAL 944.65

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR Shawn E. Fawcett APPROVAL
 Thank You

DST #1

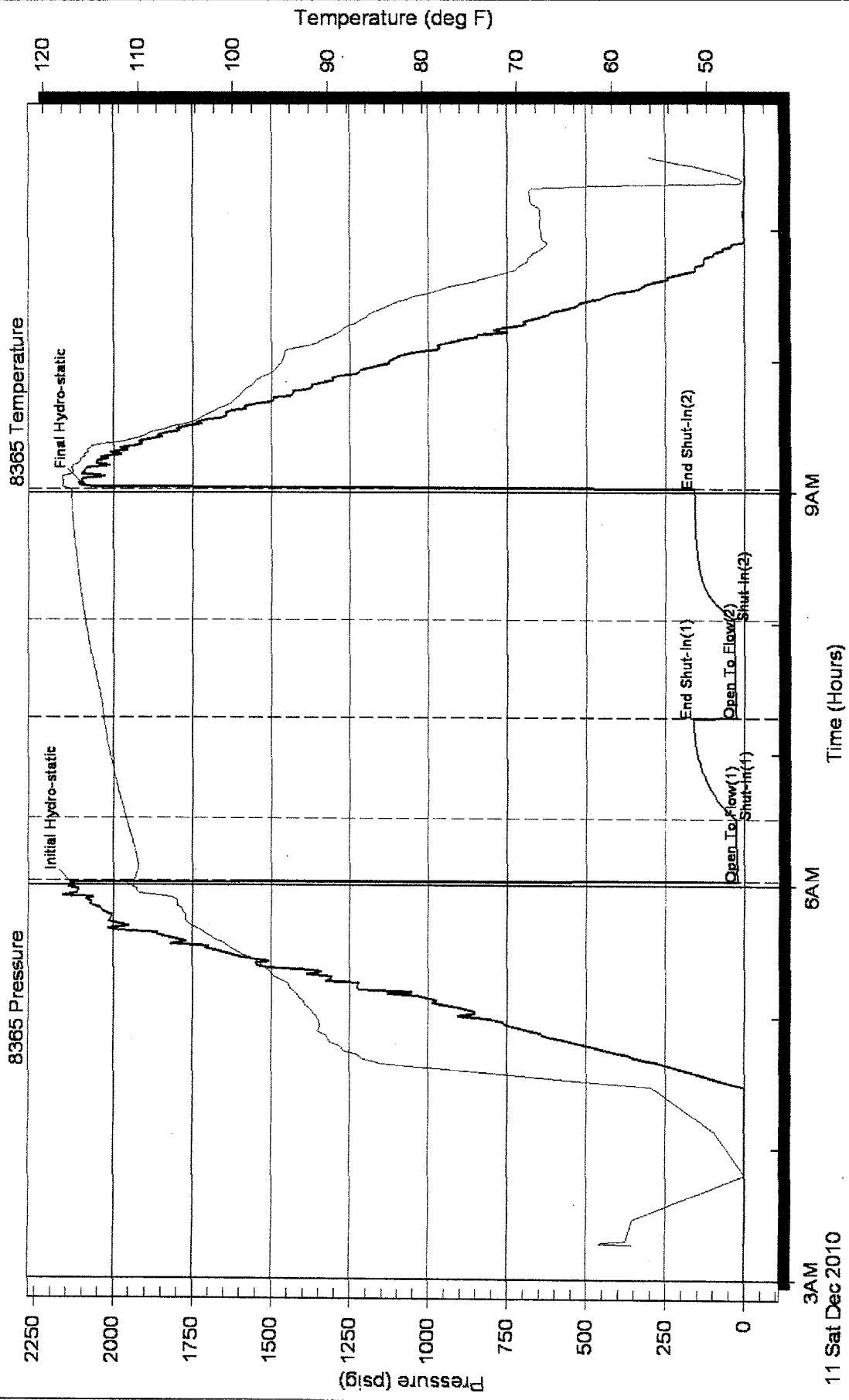
DST Test Number: 1

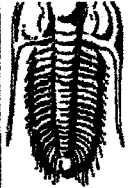
33-16-25/Ness

Outside Jo-Allyn Oil

Serial #: 8365

Pressure vs. Time





**TRILOBITE
TESTING, INC**

Jo-Allyn Oil
PO Box 446
Laverne, Ok
73848
ATTN: Sean Deenihan

DD Baker #1
33-16-25/Ness
Job Ticket: 40948 DST#: 2
Test Start: 2010.12.12 @ 12:58:28

GENERAL INFORMATION:

Formation: Miss
Deviated: No Whipstock ft (KB)
Time Tool Opened: 15:08:53
Time Test Ended: 19:42:52

Test Type: Conventional Bottom Hole
Tester: Brian Fairbank
Unit No: 41

Interval: 4420.00 ft (KB) To 4464.00 ft (KB) (TVD)
Total Depth: 4464.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition:

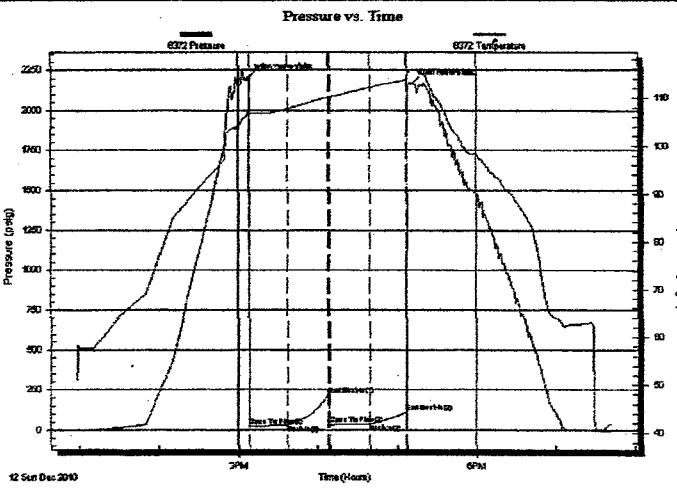
Reference Elevations: 2520.00 ft (KB)
2514.00 ft (CF)
KB to GR/CF: 6.00 ft

Serial #: 8372 Inside

Press@RunDepth: 35.77 psig @ 4423.00 ft (KB)
Start Date: 2010.12.12 End Date: 2010.12.12
Start Time: 12:58:28 End Time: 19:42:52

Capacity: 8000.00 psig
Last Calib.: 2010.12.12
Time On Btrn: 2010.12.12 @ 15:07:53
Time Off Btrn: 2010.12.12 @ 17:11:23

TEST COMMENT: IFF - weak blow throughout 1/2" - 2"
ISI - no blow back
FFP - no blow 12 min - sur blow
FSI - no blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2201.97	107.03	Initial Hydro-static
1	26.68	106.53	Open To Flow (1)
30	30.24	107.73	Shut-In(1)
61	220.70	110.20	End Shut-In(1)
62	34.02	110.20	Open To Flow (2)
92	35.77	112.18	Shut-In(2)
120	113.14	113.85	End Shut-In(2)
124	2167.77	115.73	Final Hydro-static

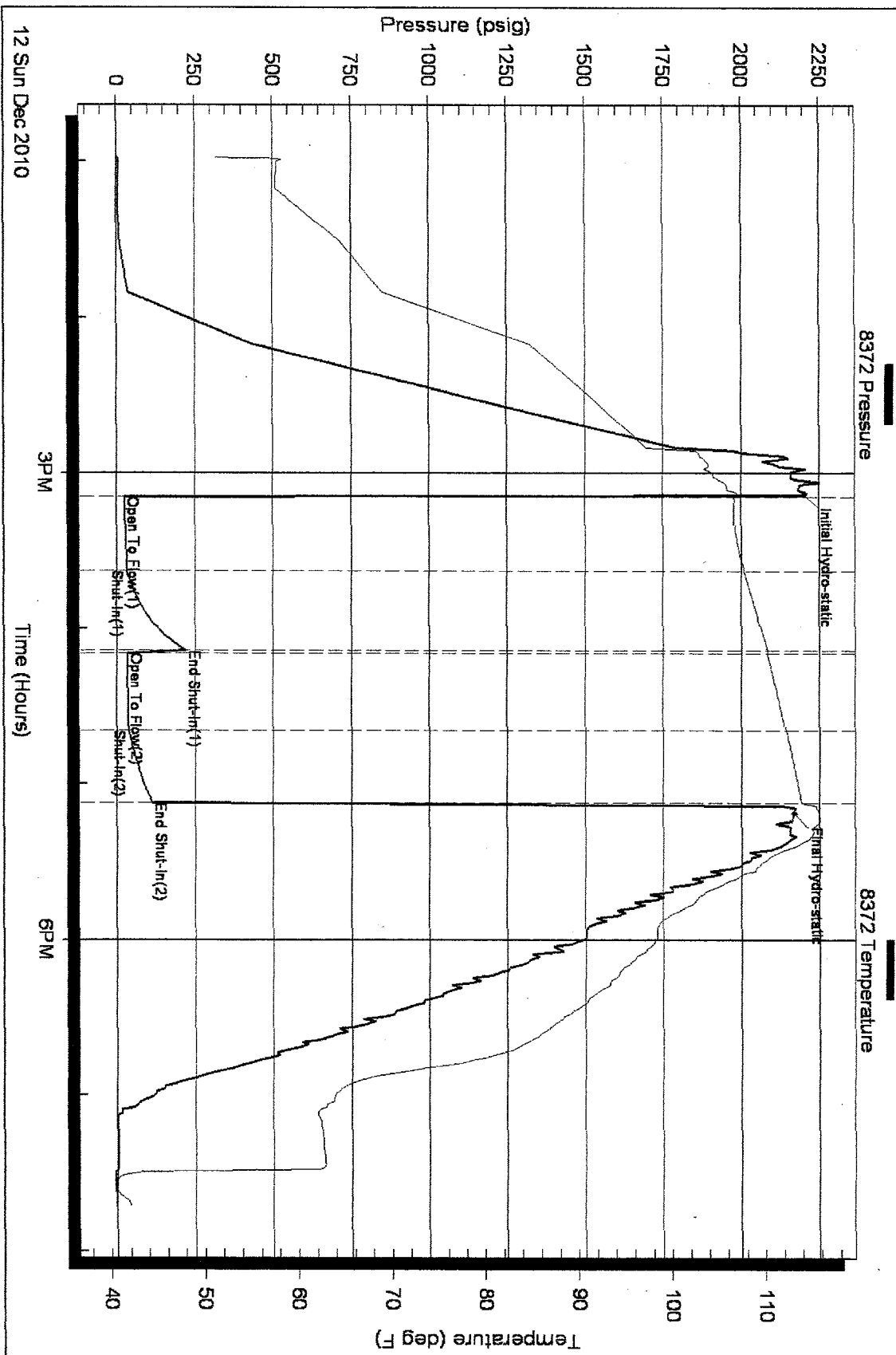
Recovery

Length (ft)	Description	Volume (bbl)
13.00	VSOCM 3%O, 97%M	0.06
2.00	FREE OIL 95%O, 5%M	0.01

Gas Rates

	Choke (Inches)	Pressure (psig)	Gas Rate (Mcf/d)

Pressure vs. Time





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Jo-Allyn Oil
PO Box 446
Laverne, Ok
73848
ATTN: Sean Deenihan

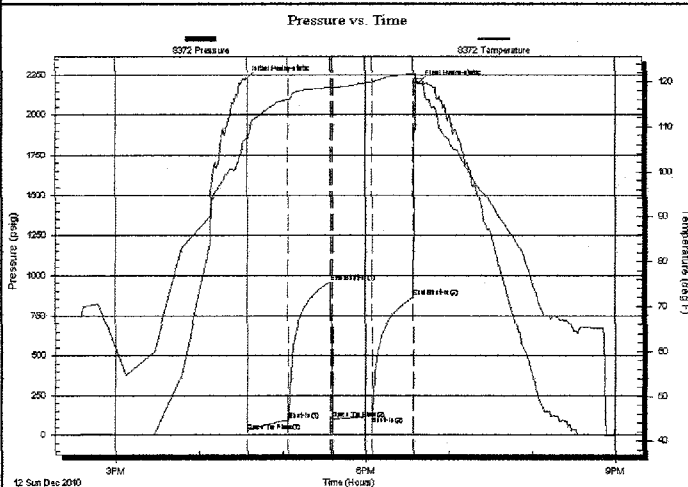
DD Baker #1
33-16-25/Ness
Job Ticket: 40949 **DST#: 3**
Test Start: 2010.12.12 @ 14:35:59

GENERAL INFORMATION:

Formation: Miss
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 16:35:24
Time Test Ended: 20:59:53
Interval: 4465.00 ft (KB) To 4480.00 ft (KB) (TVD)
Total Depth: 4480.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition:
Test Type: Conventional Bottom Hole
Tester: Brian Fairbank
Unit No: 41
Reference Elevations: 2520.00 ft (KB)
2514.00 ft (CF)
KB to GR/CF: 6.00 ft

Serial #: 8372 Inside
Press@RunDepth: 122.50 psig @ 4467.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2010.12.12 End Date: 2010.12.12 Last Calib.: 2010.12.12
Start Time: 14:35:59 End Time: 20:59:53 Time On Btm: 2010.12.12 @ 16:34:24
Time Off Btm: 2010.12.12 @ 18:37:54

TEST COMMENT: IFP - BOB 18 min
ISI - 1/4" blow back - died 22 min
FFP - BOB 24 min
FSI - 1/4" blow back - died 19 min



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2222.33	107.12	Initial Hydro-static
1	27.45	106.46	Open To Flow (1)
30	94.25	116.03	Shut-In(1)
61	957.62	118.73	End Shut-In(1)
62	103.56	118.59	Open To Flow (2)
91	122.50	119.86	Shut-In(2)
121	862.54	121.68	End Shut-In(2)
124	2198.64	120.56	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
60.00	OCM 10%O, 90%M	0.30
250.00	FREE OIL 95%O, 55M	1.99
0.00	90' GIP	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

Serial #: 8372

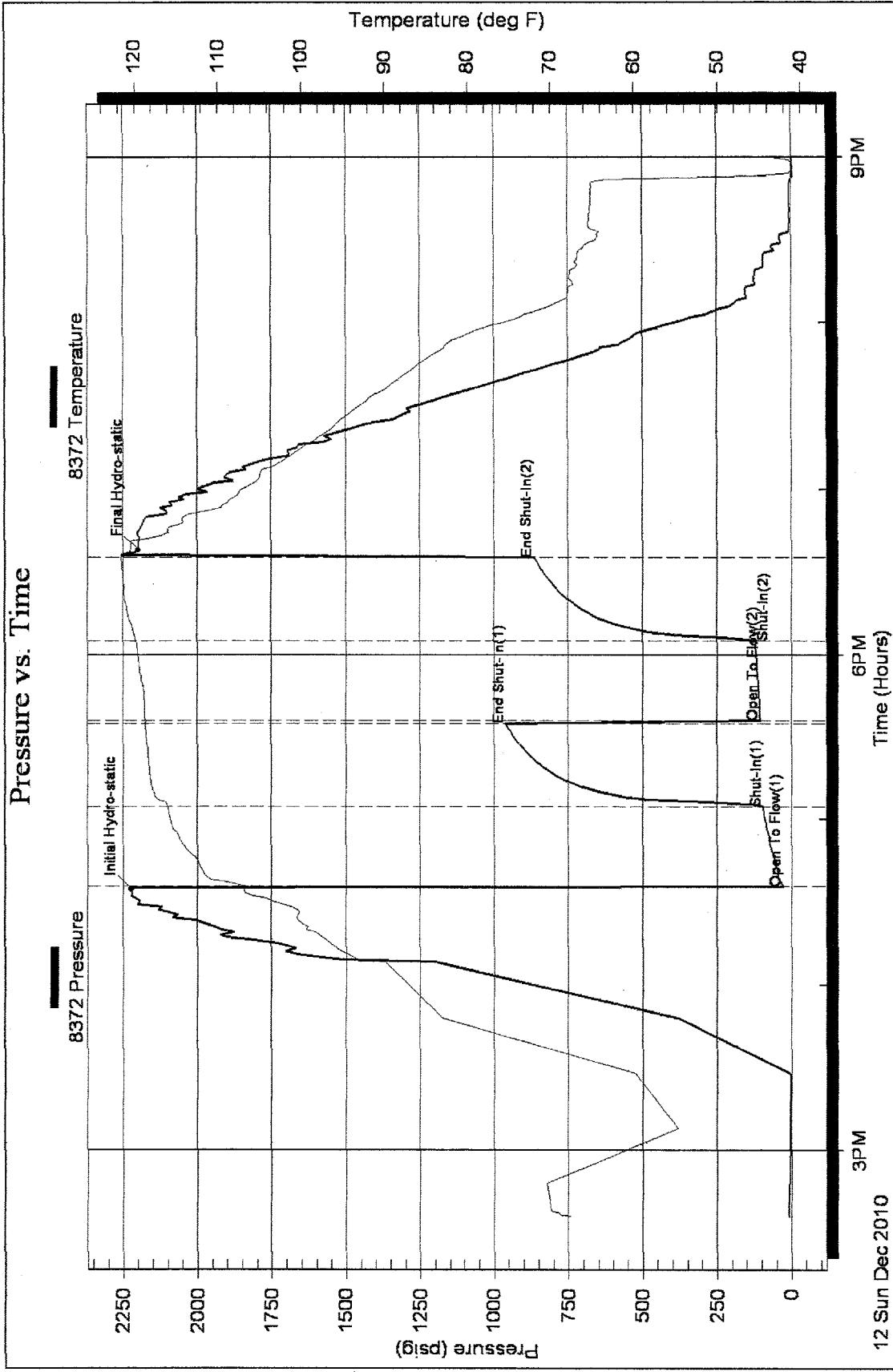
Inside

Jo-Allyn Oil

33-16-25/Ness

DST Test Number: 3

Pressure vs. Time



12 Sun Dec 2010

3PM

6PM

9PM