



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: _____



1062196

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	Royal Drilling Inc
Well Name	Morgenstern North 4
Doc ID	1062196

Tops

Name	Top	Datum
Anhydrite	966	+975
Base Anhydrite	1033	+938
Howard	2818	-877
Severy Shale	2866	-925
Topeka	2882	-941
Heebner	3109	-1168
Toronto	3125	-1184
Douglas	3142	-1201
Lansing	3168	-1227
Base Kansas City	3399	-1458
Conglomerate	3409	-1468
Arbuckle	3425	-1484

ALLIED CEMENTING CO., LLC. 004084

Federal Tax ID # 20-5975804

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

SERVICE POINT:

Russell

DATE <u>1-9-11</u>	SEC. <u>27</u>	TWP. <u>15</u>	RANGE <u>15</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
WONGHASTERN LEASE NORTH				WELL# <u>4</u>	LOCATION <u>MILBERGER 3 1/2 W 1/4 N</u>	<u>10:00 AM</u>	<u>10:30 PM</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)				COUNTY <u>Russell</u>	STATE <u>KANSAS</u>		

CONTRACTOR Royal DRAG Rig # 2
 TYPE OF JOB PRODUCTION STAYING
 HOLE SIZE 7 7/8 I.D. 5519
 CASING SIZE 5 1/2 New DEPTH 3485
 TUBING SIZE 15.5 # DEPTH
 DRILL PIPE DEPTH
 TOOL AF4 INSERT DEPTH 3473'
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 12'
 CEMENT LEFT IN CSG. 12'
 PERFS.
 DISPLACEMENT 82 3/4 BBL

OWNER
 CEMENT
 AMOUNT ORDERED 150sx 10% 4% GEL 4 BBL
150 sx Comm. 10% SALT, 2% GEL

EQUIPMENT
 PUMP TRUCK # 417 CEMENTER Glenn
 HELPER Heath
 BULK TRUCK # 410 DRIVER WOODY
 BULK TRUCK # 378 DRIVER MARK

COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC @
 HANDLING @
 MILEAGE @
 TOTAL

REMARKS:

Ran # 37's New 15.5 # 5 1/2 CSG
Set @ 3485.
Cement w/ 150sx 4% - 150sx Comm 10% salt
2% GEL, CLEAR LINE, RELEASE PLUG.
DISPLACE PLUG + LAND @ 1200'
AFU-FLOAT HLD.
15sx @ mouse hole
30sx @ Rat Hole
THANKS

CHARGE TO: STARR F. SCHLUBOHM
 STREET
 CITY STATE ZIP

SERVICE
 DEPTH OF JOB
 PUMP TRUCK CHARGE
 EXTRA FOOTAGE @
 MILEAGE @
 MANIFOLD @
 TOTAL

PLUG & FLOAT EQUIPMENT

Guide Shoe
AFU INSERT @
T. R. P. @
2 - BASKETS @
4 - CENTRALIZERS @

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

ALLIED CEMENTING CO., LLC. 034063

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Russell

DATE <u>1-5-10</u>	SEC. <u>27</u>	TWP. <u>15</u>	RANGE <u>15</u>	CALLED OUT	ON LOCATION	JOB START <u>12:15 PM</u>	JOB FINISH <u>1:15 PM</u>
LEASE <u>Max Eastern North</u>	WELL # <u>4</u>	LOCATION <u>M Berger 3 1/2 W N. 15</u>		COUNTY <u>Russell</u>	STATE <u>Ks</u>		
OLD OR NEW (Circle one)							

CONTRACTOR Royal Drilling

TYPE OF JOB Surface Job

HOLE SIZE 12 1/4 T.D. 972

CASING SIZE 8 1/2 DEPTH 972

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 20

PERFS.

DISPLACEMENT 60 1/2 bbl

OWNER

CEMENT AMOUNT ORDERED 400 Com 3000

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

EQUIPMENT

PUMP TRUCK CEMENTER Shane

412 HELPER Ken

BULK TRUCK

422 DRIVER Woody

BULK TRUCK

DRIVER

HANDLING @

MILEAGE @

REMARKS:

kan dir + Candy 3'

Let Circulation

Max 400 SF

Cement + Grout

TOTAL

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD @

TOTAL

CHARGE TO: Starr F. Schlabach

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

Blade Plug @

Blade Plug @

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

Thanks,