



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: _____



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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ALLIED CEMENTING CO., LLC. 036772

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: GREAT BEND

DATE <u>9/2/11</u>	SFC <u>20</u>	TWP <u>22S</u>	RANGE <u>11W</u>	CALLED OUT <u>10:00 AM</u>	ON LOCATION <u>3:00 PM</u>	JOB START <u>8:00 AM</u>	JOB FINISH <u>8:40 PM</u>
LEASE <u>CATTON</u>	WELL # <u>B-4</u>	LOCATION <u>HUDSON, KS SEAST</u>			COUNTY <u>STAFFORD</u>	STATE <u>KANSAS</u>	
OLD OR <u>NEW</u> (Circle one)		LOCATION <u>1 NORTH, 1 EAST, 3/4 NORTH, W/5</u>			KS 1-02 MFE		

CONTRACTOR SOUTHWIND #6 OWNER HARTMAN OIL Co 7.3%

TYPE OF JOB PRODUCTION CASING

HOLE SIZE 7 7/8" T.D. 3730'

CASING SIZE 5 1/2" 15.5# DEPTH 3730'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 2100# MINIMUM _____

MEAS LINE _____ SHOE JOINT 21.03'

CEMENT LEFT IN CSG. _____

PERFS _____

DISPLACEMENT 89 BBLs. WATER

EQUIPMENT _____

CEMENT AMOUNT ORDERED	<u>220 SACKS CLASS A + 2% GEL</u>		
	<u>+10% SALT + 5% BILSONITE</u>		
MUONMONA	<u>220</u>	@ <u>16.25</u>	<u>3,575.00</u>
POZMIX		@	
GEL	<u>4</u>	@ <u>21.25</u>	<u>85.00</u>
CHLORIDE		@	
ASC		@	
SALT	<u>12</u>	@ <u>23.92</u>	<u>287.04</u>
BILSONITE	<u>1100#</u>	@ <u>.89</u>	<u>979.00</u>
HANDLING	<u>258</u>	@ <u>2.25</u>	<u>580.50</u>
MILEAGE	<u>258 X 27</u>	<u>-11</u>	<u>766.29</u>
TOTAL			<u>6,273.14</u>

PUMP TRUCK CEMENTER WAYNE D. ①

366 HELPER GREG R. ②

BULK TRUCK

341 DRIVER JACOB R. ③

BULK TRUCK

DRIVER KEVIN ③

REMARKS:

RUN 5 1/2" LOG & BREAK CIRCULATION

RUG RATED 130 SACKS

PUMP 190 SACKS A+2% GEL+10% SALT

+5% BILSONITE 1 SACK

WASH PUMP & LOGS

DISPLACE. AUG TO 3100' 89 BBLs

FLOAT DIED HOLD.

SERVICE

DEPTH OF JOB	<u>3730'</u>		
PUMP TRUCK CHARGE		@	<u>2225.00</u>
EXTRA FOOTAGE		@	
MILEAGE		@	
MANIFOLD		@	
HVM	<u>54</u>	@ <u>7.00</u>	<u>378.00</u>
LVM	<u>54</u>	@ <u>4.00</u>	<u>216.00</u>
TOTAL			<u>2,819.00</u>

CHARGE TO: HARTMAN OIL Co.

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

1-AFU FLOAT SHOE	@ <u>349.00</u>	<u>349.00</u>
1-LATCH DOWN AUG	@ <u>277.00</u>	<u>277.00</u>
10-CENTRALIZERS	@ <u>49.00</u>	<u>490.00</u>
Head Rent	@ <u>200.00</u>	<u>200.00</u>
TOTAL		<u>1316.00</u>

To Allied Cementing Co., I.I.C.
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.

SALES TAX (If Any) 441.10

TOTAL CHARGES 10,408.14

DISCOUNT 20% IF PAID IN 30 DAYS

PRINTED NAME Justin Trout

SIGNATURE [Signature]

D 2081.63

ALLIED CEMENTING CO., LLC. 037351

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend, KS

DATE <u>8-27-11</u>	SEC. <u>20</u>	TWP. <u>22S</u>	RANGE <u>11W</u>	CALLED OUT	ON LOCATION	JOB START <u>11:30am</u>	JOB FINISH <u>12:00pm</u>
LEASE <u>Gartton^B</u>	WELL # <u>4</u>	LOCATION <u>Hudson 2cs SE 3/4 N 1E 3/4 N</u>		COUNTY <u>Stafford</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one) <u>NEW</u>			<u>West into</u>				

CONTRACTOR Southward Reg II 6
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 335
 CASING SIZE 8 5/8 24# DEPTH 333
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER Hartman Oil
 CEMENT
 AMOUNT ORDERED 250 sq Class A 3%cc 2%gel

COMMON <u>250</u>	@	<u>16.25</u>	<u>4,062.50</u>
POZMIX _____	@		
GEL <u>5</u>	@	<u>21.25</u>	<u>106.25</u>
CHLORIDE <u>9</u>	@	<u>58.20</u>	<u>523.80</u>
ASC _____	@		
_____	@		
_____	@		
_____	@		
_____	@		
_____	@		
_____	@		
HANDLING <u>264</u>	@	<u>2.25</u>	<u>594.00</u>
MILEAGE <u>264 x 27 x .11</u>			<u>784.08</u>
TOTAL			<u>6,070.63</u>

EQUIPMENT

PUMP TRUCK CEMENTER Bob G.
 # 398 HELPER Shane K.
 BULK TRUCK
 # 482-188 DRIVER Lein W.
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

Pipe on bottom to react circulation with cement.
Mix 250 sq Com 3%cc 2%gel.
Shut down release plug and displace 20.25
bbls.
Freshwater in shut in.
Cement did circulate.

SERVICE

DEPTH OF JOB <u>333</u>			
PUMP TRUCK CHARGE			<u>1125.00</u>
EXTRA FOOTAGE _____	@		
MILEAGE <u>HUM 54</u>	@	<u>7.00</u>	<u>378.00</u>
MANIFOLD _____	@		
<u>HUM 54</u>	@	<u>4.00</u>	<u>216.00</u>
TOTAL			<u>1719.00</u>

CHARGE TO: Hartman Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

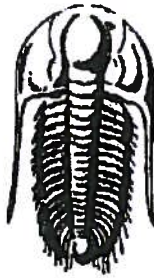
<u>woodphg</u>	@	<u>94.00</u>	<u>94.00</u>
_____	@		
_____	@		
_____	@		
TOTAL			<u>94.00</u>

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.

SALES TAX (If Any) _____			
TOTAL CHARGES <u>7,883.63</u>			
DISCOUNT <u>7.8%</u> <u>2,265.76</u>			
			<u>5,617.87</u>

PRINTED NAME Wesley Pfaff
 SIGNATURE Wesley Pfaff

Thank You!



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Prepared For: **Hartman Oil Co**

10500 E Berkeley Sq Pkwy
Ste 100
Wichita, KS 67206

ATTN: Kitt Noah

20-22-11 Stafford,KS

Gatton B 4

Start Date: 2011.09.01 @ 06:36:12

End Date: 2011.09.01 @ 15:27:12

Job Ticket #: 43963 DST #: 1

 **FILE**

Trilobite Testing, Inc
PO Box 1733 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

ORIGINAL

Printed: 2011.09.08 @ 13:27:21 Page 1

Hartman Oil Co

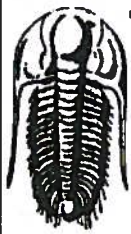
Gatton B 4

20-22-11 Stafford,KS

DST # 1

Arbuckle

2011.09.01



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Hartman Oil Co
10500 E Berkeley Sq Pkwy
Ste 100
Wichita, KS 67206
ATTN: Kitt Noah

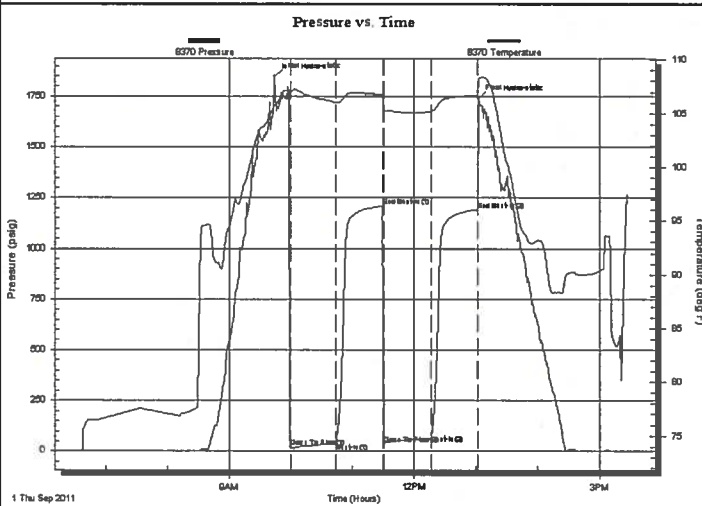
Gatton B 4
20-22-11 Stafford,KS
Job Ticket: 43963 **DST#: 1**
Test Start: 2011.09.01 @ 06:36:12

GENERAL INFORMATION:

Formation: **Arbuckle**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 09:59:12
Time Test Ended: 15:27:12
Test Type: Conventional Bottom Hole
Tester: Leal Cason
Unit No: 56
Interval: **3576.00 ft (KB) To 3585.00 ft (KB) (TVD)**
Reference Elevations: 1834.00 ft (KB)
Total Depth: 3585.00 ft (KB) (TVD)
1829.00 ft (CF)
Hole Diameter: 7.88 inches Hole Condition: Good
KB to GR/CF: 5.00 ft

Serial #: 8370 Outside
Press@RunDepth: 78.58 psig @ 3577.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2011.09.01 End Date: 2011.09.01 Last Calib.: 2011.09.01
Start Time: 06:36:17 End Time: 15:27:12 Time On Btrr: 2011.09.01 @ 09:44:12
Time Off Btrr: 2011.09.01 @ 13:02:12

TEST COMMENT: IF: Strong Blow, BOB in 2 minutes
ISl: 1 1/12 inch Blow back
FF: Strong Blow, BOB in 10 seconds, GTS in 20 minutes, Gas was TSTM
FSl: 1 inch Blow back



PRESSURE SUMMARY

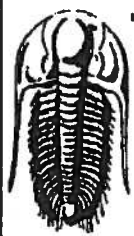
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1846.34	105.74	Initial Hydro-static
15	19.50	106.28	Open To Flow (1)
60	41.11	106.02	Shut-In(1)
105	1208.67	106.77	End Shut-In(1)
106	36.99	105.41	Open To Flow (2)
153	78.58	105.16	Shut-In(2)
197	1191.74	106.74	End Shut-In(2)
198	1741.72	108.13	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	3444 GIP	0.00
60.00	GMCO 20%G 30%M 50%O	0.84
64.00	Gassy Oil 10%G 90%O	0.90

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Hartman Oil Co

Gatton B 4

10500 E Berkeley Sq Fkwy
Ste 100
Wichita, KS 67206
ATTN: Kitt Noah

20-22-11 Stafford, KS

Job Ticket: 43963

DST#: 1

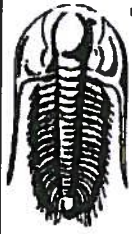
Test Start: 2011.09.01 @ 06:36:12

Tool Information

Drill Pipe:	Length: 3568.00 ft	Diameter: 3.80 inches	Volume: 50.05 bbl	Tool Weight: 2100.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 55000.00 lb
			<u>Total Volume: 50.05 bbl</u>	Tool Chased ft
Drill Pipe Above KB:	12.00 ft			String Weight: Initial 51000.00 lb
Depth to Top Packer:	3576.00 ft			Final 53000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	9.00 ft			
Tool Length:	29.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		
Tool Comments:				

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
C.O. Sub	1.00			3557.00	
Shut in tool	5.00			3562.00	
HW	5.00			3567.00	
Packer	4.00			3571.00	20.00 Bottom Of Top Packer
Packer	5.00			3576.00	
Stubb	1.00			3577.00	
Recorder	0.00	8167	Inside	3577.00	
Recorder	0.00	8370	Outside	3577.00	
Perforations	3.00			3580.00	
Bullnose	5.00			3585.00	9.00 Bottom Packers & Anchor
Total Tool Length:	29.00				



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Hartman Oil Co
10500 E Berkeley Sq Fkwy
Ste 100
Wichita, KS 67206
ATTN: Kitt Noah

Gatton B 4
20-22-11 Stafford,KS
Job Ticket: 43963 **DST#: 1**
Test Start: 2011.09.01 @ 06:36:12

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API: 39 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: ppm
Viscosity: 51.00 sec/qt	Cushion Volume: bbl	
Water Loss: 10.19 in ³	Gas Cushion Type:	
Resistivity: ohm.m	Gas Cushion Pressure: psig	
Salinity: 7900.00 ppm		
Filter Cake: 0.20 inches		

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	3444 GIP	0.000
60.00	GMCO 20%G 30%M 50%O	0.842
64.00	Gassy Oil 10%G 90%O	0.898

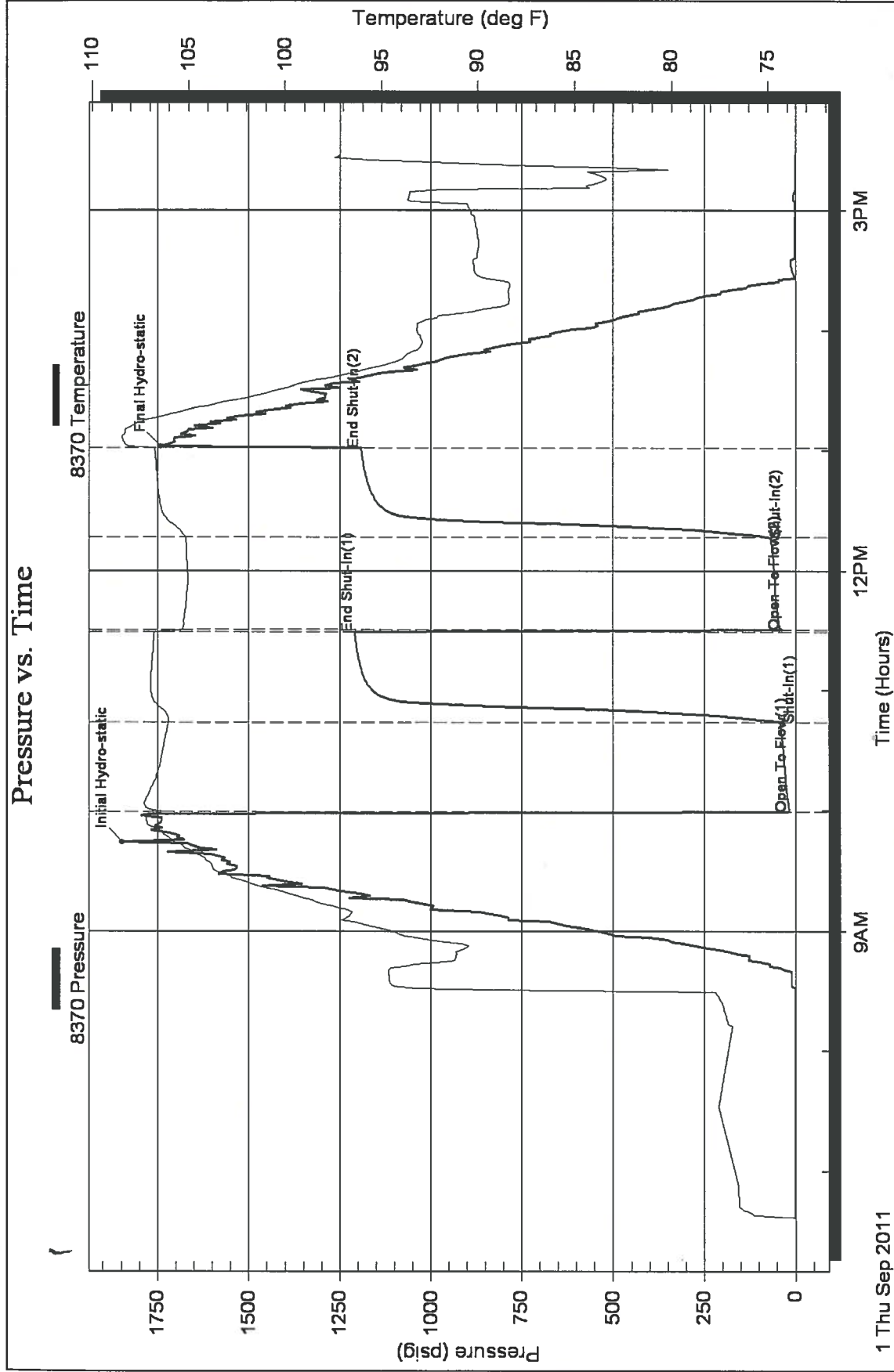
Total Length: 124.00 ft Total Volume: 1.740 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments: Gravity was 42 @ 90 degrees

Pressure vs. Time





TRIOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

RECEIVED
SEP 06 2011

Test Ticket

NO. 43963

Well Name & No. Gatton B 4 BY: _____ Test No. 1 Date 09/01/11
 Company Hartman Oil Co. Elevation 1834 KB 1829 GL _____
 Address 10500 E Berkeley Sq Pkwy Ste 100 Wichita, KS 67206
 Co. Rep / Geo. Kitt Noah Rig Southwind 6
 Location: Sec. 20 Twp. 22S Rge. 11W Co. Stafford State KS

Interval Tested 3576 - 3585 Zone Tested Arbuckle
 Anchor Length 9 Drill Pipe Run 3568 Mud Wt. 9.3
 Top Packer Depth 3571 Drill Collars Run 0 Vis 51
 Bottom Packer Depth 3576 Wt. Pipe Run 0 WL 10.2
 Total Depth 3585 Chlorides 7900 ppm System LCM 2#

Blow Description FF: Strong Blow, BOB in 2 minutes

ISI: 1 1/2 inch Blowback

FF: Strong Blow, BOB in 10 seconds, GTS in 20 minutes Gas was TSTM

FSI: 1 inch Blowback

Rec	Feet of	%gas	%oil	%water	%mud
<u>3444</u>	<u>GIP</u>				
<u>64</u>	<u>GCO</u>	<u>10</u>	<u>90</u>		
<u>60</u>	<u>GMCO</u>	<u>20</u>	<u>50</u>		<u>30</u>
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 124 BHT 107° Gravity 39 API RW NIC @ NIC °F Chlorides NIC ppm

(A) Initial Hydrostatic 1846 Test 1125' T-On Location 05:45
 (B) First Initial Flow 19 Jars _____ T-Started 06:36
 (C) First Final Flow 41 Safety Joint _____ T-Open 09:59
 (D) Initial Shut-In 1209 Circ Sub _____ T-Pulled 13:01
 (E) Second Initial Flow 37 Hourly Standby 3/4 hr 75' T-Out 15:27
 (F) Second Final Flow 79 Mileage 80 112' Comments _____
 (G) Final Shut-In 1192 Sampler _____
 (H) Final Hydrostatic 1742 Straddle _____
 Ruined Shale Packer _____
 Ruined Packer _____
 Extra Copies _____
 Initial Open 45 Extra Recorder _____ Sub Total 0
 Initial Shut-In 45 Day Standby _____ Total 1312-
 Final Flow 45 Accessibility _____ MP/DST Disc't _____
 Final Shut-In 45 Sub Total 1312-

Approved By Kitt Noah

Our Representative _____

Triobite Testing Inc. shall not be liable for damaged or lost 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 statements or opinion concerning the results 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.

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

October 03, 2011

Stan Mitchell
Hartman Oil Co., Inc.
10500 E BERKELEY SQ PKWY STE 100
WICHITA, KS 67206

Re: ACO1
API 15-185-23698-00-00
Gatton B-4
SE/4 Sec.20-22S-11W
Stafford County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Stan Mitchell