



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: _____



1065882

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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**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Hawkins Oil LLC
427 S Boston AVE Suite
915 Tulsa OK 74103
ATTN: Hunt Hawkins

West Robinson # 28
18-25s-5e
Job Ticket: 37484 **DST#: 1**
Test Start: 2011.05.21 @ 02:47:28

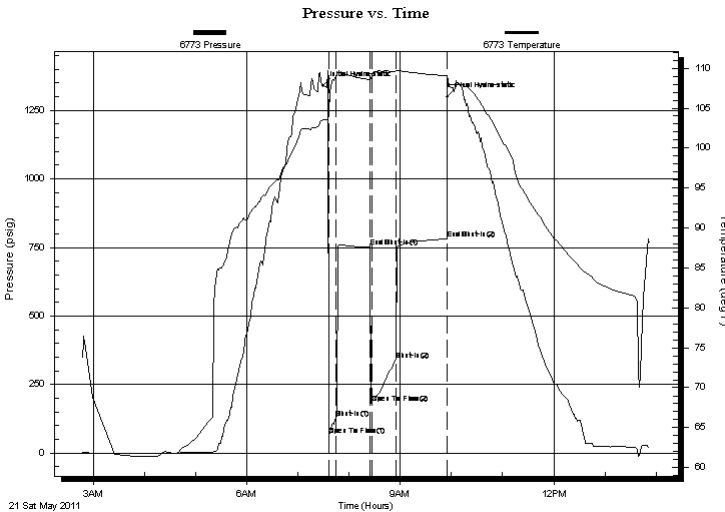
GENERAL INFORMATION:

Formation: **Mississippi Chat**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 07:36:13
Time Test Ended: 13:52:58
Interval: **2617.00 ft (KB) To 2623.00 ft (KB) (TVD)**
Total Depth: 2623.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Bottom Hole
Tester: Chris Staats
Unit No: 34
Reference Elevations: 1422.00 ft (KB)
1413.00 ft (CF)
KB to GR/CF: 9.00 ft

Serial #: 6773 Outside
Press @ Run Depth: 338.37 psig @ 2618.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2011.05.21 End Date: 2011.05.21 Last Calib.: 2011.05.21
Start Time: 02:47:33 End Time: 13:52:58 Time On Btm: 2011.05.21 @ 07:29:43
Time Off Btm: 2011.05.21 @ 09:55:13

TEST COMMENT: IF: Strong blow BOB 2 min
IS: Weak blow back
FF: Strong blow BOB 3 min
FS: Weak blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1338.65	103.52	Initial Hydro-static
7	66.13	104.46	Open To Flow (1)
15	127.75	108.99	Shut-In(1)
55	751.79	108.57	End Shut-In(1)
57	182.97	108.90	Open To Flow (2)
85	338.37	109.58	Shut-In(2)
145	781.66	109.08	End Shut-In(2)
146	1299.65	108.95	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
810.00	M,W wiyh oil spots 25% mud 75% water	5.61

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Hawkins Oil LLC
427 S Boston AVE Suite
915 Tulsa OK 74103
ATTN: Hunt Hawkins

West Robinson # 28
18-25s-5e
Job Ticket: 37484 **DST#: 1**
Test Start: 2011.05.21 @ 02:47:28

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 10.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 39.00 sec/qt	Cushion Volume: bbl		
Water Loss: 10.19 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 800.00 ppm			
Filter Cake: 0.02 inches			

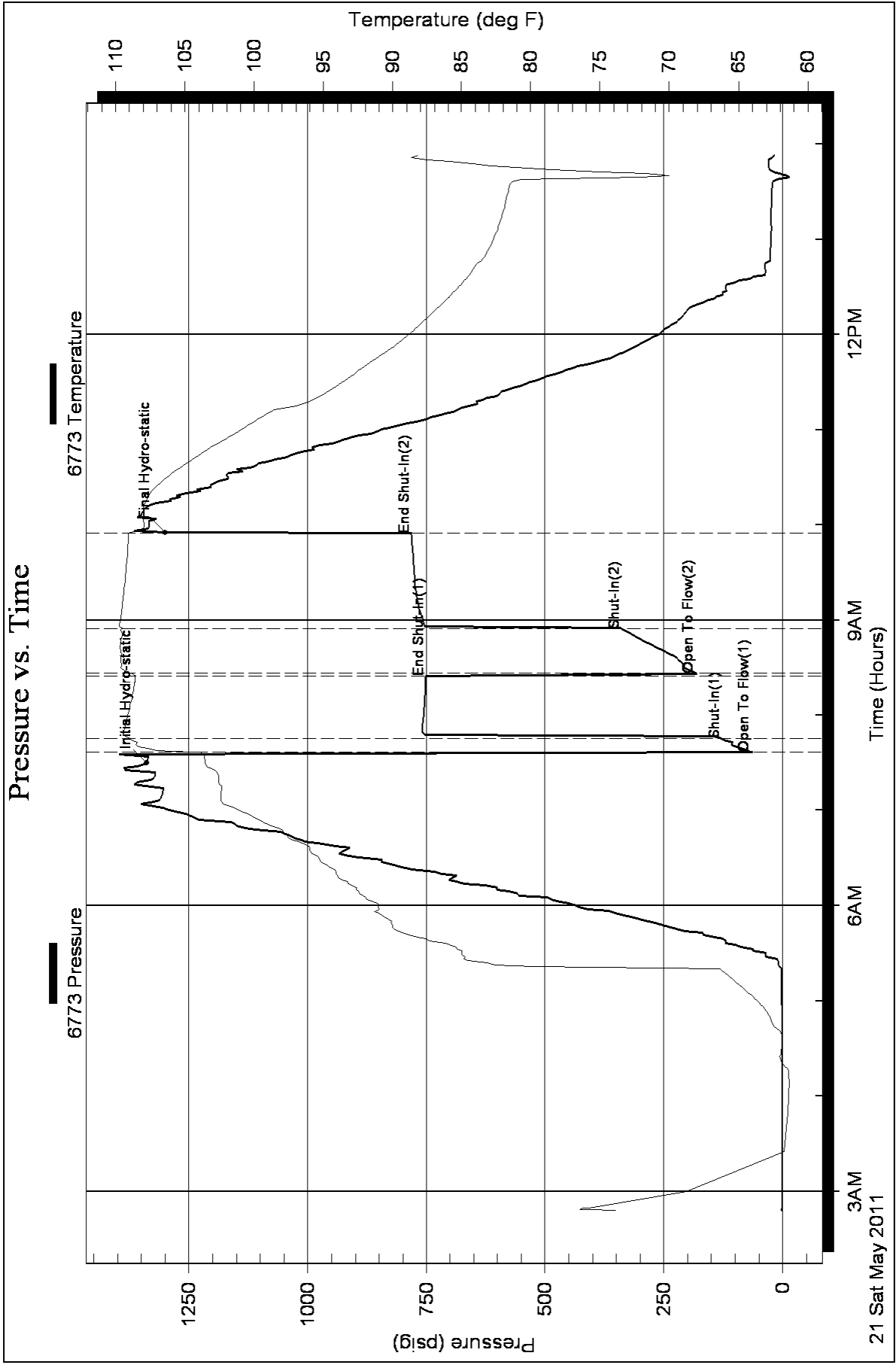
Recovery Information

Recovery Table

Length ft	Description	Volume bbl
810.00	M,W w iyh oil spots 25% mud 75% w ater	5.613

Total Length: 810.00 ft Total Volume: 5.613 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:

Pressure vs. Time





CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 30543

LOCATION Eureka, KS

FOREMAN Shannon Feck

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API # 015-23896

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-23-11	3553	West Robinson #28	18	255	5E	Butler
CUSTOMER Hawkins Oil LLC			SKYY DRLL			
MAILING ADDRESS Suite # 915			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Tulsa			445	DAVE/Allen B		
STATE OK	ZIP CODE 74103		439	Joey		

JOB TYPE Plug 0 HOLE SIZE 7 1/8" HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 3 1/2" TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6# SLURRY VOL 23 BBL WATER gal/sk 7.0 CEMENT LEFT In CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Big up to 3 1/2" drill pipe, Pump plugs as follows

- Plug # 1 - 35 SKS @ 250' -
- Plug # 2 - 25 SKS @ 60' -
- Plug # 3 - 30 SKS in Rathole
- 90 SKS total

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 N	1	PUMP CHARGE	975.00	975.00
5406	35	MILEAGE within 5 miles of Ellorado camp	4.00	N/C
1131	90 SKS	60/40 Pozmix	11.95	1075.50
1118 B	310#	4% Gel	.20	62.00
5407#	3.87 tons	Ton-mileage bulk truck	M/C	330.00
			Sub total	2442.50
			6.55% SALES TAX	74.51
			ESTIMATED TOTAL	2517.01

Ravin 3737

AUTHORIZATION Ben [Signature]

TITLE 241566
Tail Pusher

DATE 5-23-11

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.