



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: _____



1066262

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 |
|---|---|

| 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) _____

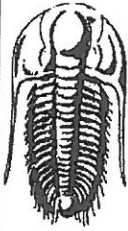
| | | | | | |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|---|---|--|
| 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: _____ _____ |
|---|---|--|

| | |
|-----------|---------------------------------|
| Form | ACO1 - Well Completion |
| Operator | Pickrell Drilling Company, Inc. |
| Well Name | LaFon Trust 'A' 1 |
| Doc ID | 1066262 |

Tops

| Name | Top | Datum |
|----------------------|------|-------|
| T/Anhydrite | 1899 | +642 |
| B/Anhydrite | 1931 | +610 |
| Heebner | 3888 | -1347 |
| Lansing | 3929 | -1388 |
| Stark | 4162 | -1621 |
| Pawnee | 4348 | -1807 |
| Fort Scott | 4425 | -1884 |
| Cherokee | 4449 | -1908 |
| Mississippi | 4523 | -1982 |
| Mississippi Porosity | 4528 | -1987 |



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Pickrell Drig. Co.
100 S Main
STE 505
Wichita Ks. 67202+3738
ATTN: Jerry Smith

#1 Lafon Trust "A"
17-16s-24w Ness
Job Ticket: 44249 DST#: 1
Test Start: 2011.09.13 @ 07:48:05

GENERAL INFORMATION:

Formation: **Mississippian**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 09:28:00
Time Test Ended: 17:10:20

Test Type: Conventional Bottom Hole
Tester: Andy Carreira
Unit No: 39

Interval: **4500.00 ft (KB) To 4536.00 ft (KB) (TVD)**
Total Depth: 4536.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair

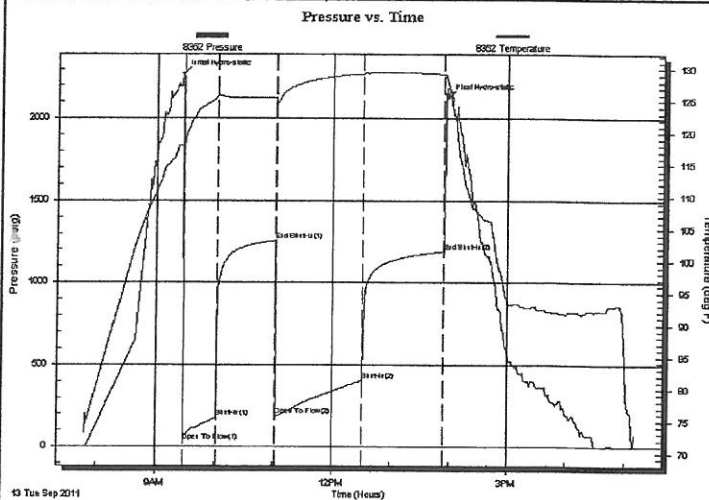
Reference Elevations: 2541.00 ft (KB)
2531.00 ft (CF)
KB to GR/CF: 10.00 ft

Serial #: 8352 Outside

Press@RunDepth: 405.68 psig @ 4501.00 ft (KB)
Start Date: 2011.09.13 End Date: 2011.09.13
Start Time: 07:48:05 End Time: 17:10:20

Capacity: 8000.00 psig
Last Calib.: 2011.09.13
Time On Btm: 2011.09.13 @ 09:26:20
Time Off Btm: 2011.09.13 @ 13:58:50

TEST COMMENT: IF:(30min) BOB, 7 min.
IS:(60min) 2 inch Return Blow, Died in 32 min.
FF:(90min) BOB, 9 min.
FS:(90min) No Return



PRESSURE SUMMARY

| Time (Min.) | Pressure (psig) | Temp (deg F) | Annotation |
|-------------|-----------------|--------------|----------------------|
| 0 | 2270.44 | 117.95 | Initial Hydro-static |
| 2 | 32.63 | 116.78 | Open To Flow (1) |
| 36 | 177.45 | 125.79 | Shut-In(1) |
| 96 | 1253.58 | 125.56 | End Shut-In(1) |
| 96 | 188.43 | 125.02 | Open To Flow (2) |
| 186 | 405.68 | 129.23 | Shut-In(2) |
| 269 | 1189.20 | 129.19 | End Shut-In(2) |
| 273 | 2125.81 | 127.73 | Final Hydro-static |

Recovery

| Length (ft) | Description | Volume (bbl) |
|-------------|-----------------------|--------------|
| 120.00 | MW m=15% w=85% | 0.59 |
| 300.00 | GMO g=30% m=20% o=50% | 3.97 |
| 530.00 | CGO g=15% o=85% | 7.05 |
| 0.00 | GIP=130ft | 0.00 |
| | | |
| | | |

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Pickrell Drig. Co.

#1 Lafon Trust "A"

100 S Main
STE 505
Wichita Ks. 67202+3738
ATTN: Jerry Smith

17-16s-24w Ness

Job Ticket: 44249 DST#: 1

Test Start: 2011.09.13 @ 07:48:05

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: 11000 ppm |
| Viscosity: 55.00 sec/qt | Cushion Volume: bbl | |
| Water Loss: 8.77 in ³ | Gas Cushion Type: | |
| Resistivity: ohm.m | Gas Cushion Pressure: psig | |
| Salinity: 5000.00 ppm | | |
| Filter Cake: inches | | |

Recovery Information

Recovery Table

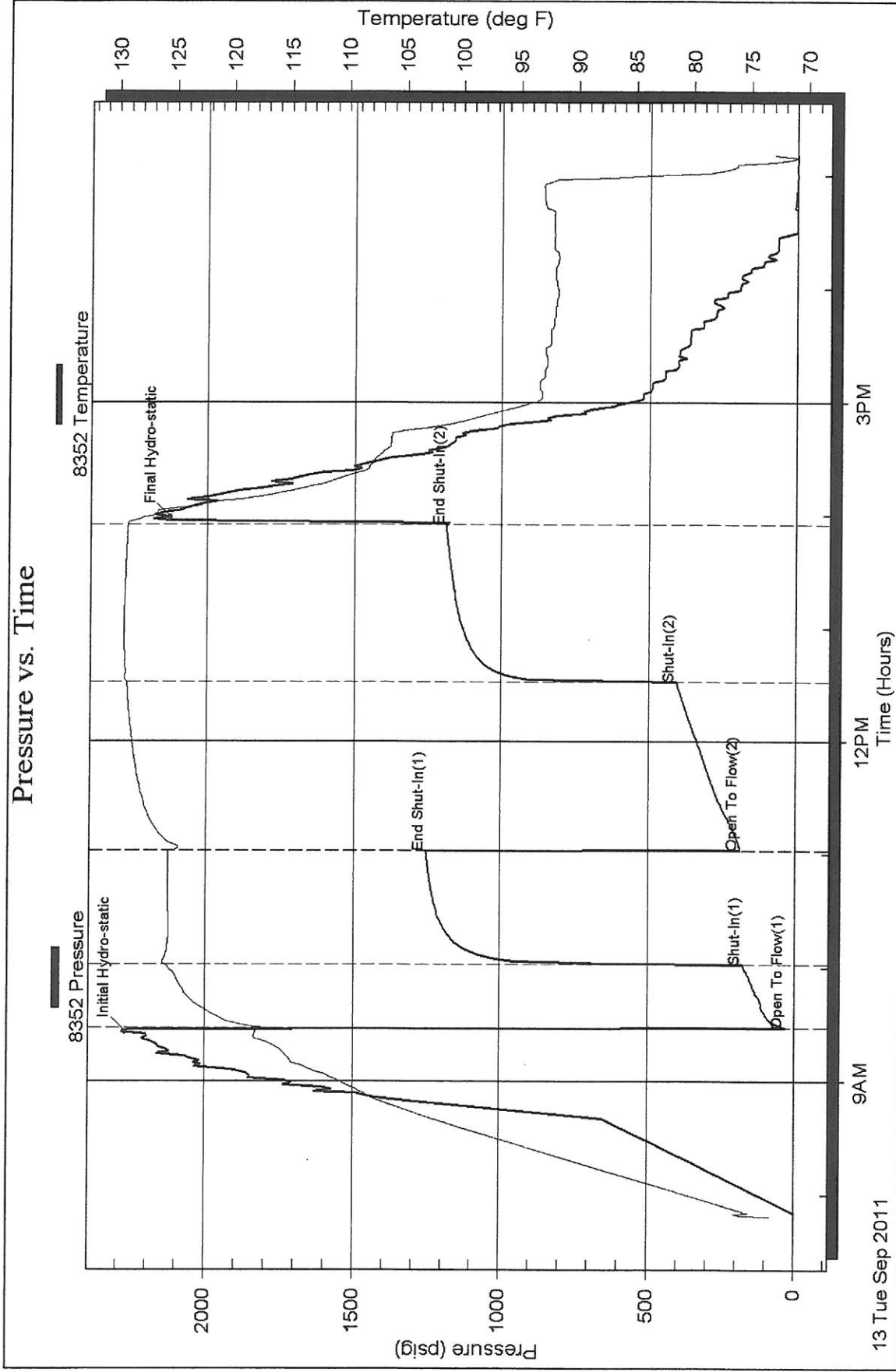
| Length ft | Description | Volume bbl |
|--------------|-----------------------|---------------|
| 120.00 | MW m=15% w=85% | 0.590 |
| 300.00 | GMO g=30% m=20% o=50% | 3.965 |
| 530.00 | CGO g=15% o=85% | 7.048 |
| 0.00 | GIP=130ft | 0.000 |

Total Length: 950.00 ft Total Volume: 11.603 bbl

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

Laboratory Name: Laboratory Location:

Recovery Comments: Resistivity-.49@80deg.=11000





CHARGE TO: **Pickell Drilling**
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET
21097
 PAGE 1 OF 2

1. SERVICE LOCATIONS: **Wes city KS** WELL/PROJECT NO. **#1** LEASE **LaFon Trust A** COUNTY/PARISH **Wes** STATE **KS** CITY **Ransom** DATE **14 SEP 11** OWNER **1** OF **2**

2. TICKET TYPE: SERVICE CONTRACTOR **SALES** RIG NAME/NO. **CT** SHIPPED VIA **CT** DELIVERED TO **Idaction** ORDER NO.

3. WELL TYPE: **OT** WELL CATEGORY: **Development** JOB PURPOSE: **concrete long string** WELL PERMIT NO. WELL LOCATION: **17-16-24W**

4. REFERRAL LOCATION INVOICE INSTRUCTIONS

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | DESCRIPTION | QTY. | U/M | QTY. | U/M | UNIT PRICE | AMOUNT |
|-----------------|----------------------------------|------------|------|----|--------------------------------|----------|-----|------|-----|------------|---------|
| | | LOC | ACCT | DF | | | | | | | |
| 575 | | | | | MILEAGE | 20 | mi. | | | 6.00 | 120.00 |
| 579 | | | | | TRK 114 | | | | | | |
| 402 | | | | | Pump Charge | 1 ea | | | | 1850.00 | 1850.00 |
| 203 | | | | | C entralizer | 4 1/2 in | | 4 | ea | 65.00 | 260.00 |
| 407 | | | | | Concret Basket | 4 1/2 in | | 1 ea | | 250.00 | 250.00 |
| 408 | | | | | in-sect Flat shoe w/ AUTO FILL | 4 1/2 in | | 1 ea | | 300.00 | 300.00 |
| 417 | | | | | DV shoe | 4 1/2 in | | 1 ea | | 2700.00 | 2700.00 |
| 281 | | | | | DV with down Ply's Baffles | 4 1/2 in | | 1 ea | | 200.00 | 200.00 |
| 221 | | | | | WUD-Flush | 500 gal | | | | 1.25 | 625.00 |
| | | | | | KCL Liquid | 4 gal | | | | 25.00 | 100.00 |

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: *[Signature]* TIME SIGNED: A.M. P.M.

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

| SURVEY | AGREE | UN-DECIDED | DIS-AGREE | PAGE TOTAL | TOTAL |
|--|--------------------------|--------------------------|--------------------------|------------|-----------|
| OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 6405.00 |
| WE UNDERSTOOD AND MET YOUR NEEDS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | 6548.91 |
| OUR SERVICE WAS PERFORMED WITHOUT DELAY? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 15953.77 |
| WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 787.97 |
| ARE YOU SATISFIED WITH OUR SERVICE? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 787.97 |
| <input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND | | | | | 16,741.74 |

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

WFT OPERATOR APPROVAL **Thank You!**



Seawoods, Inc

TICKET CONTINUATION

TICKET No. 21097

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

CUSTOMER
Perrill Drilling

WELL
Linton Tract A #1

DATE
14 SEP 11

PAGE 2 OF 2

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | TIME | DESCRIPTION | QTY | | UNIT PRICE | | AMOUNT |
|--------------------|-------------------------------------|------------|------|----|------|-----------------|-----|-----|------------|----|---------|
| | | LOC | ACCT | DF | | | QTY | UM | QTY | UM | |
| 325 | | | | | | STANDARD cement | 75 | sk | 13.50 | | 1012.50 |
| 327 | 326 | | | | | 60/40 Poz 2%gel | 125 | sk | 11.00 | | 1375.00 |
| 330 | | | | | | SWD cement | 300 | sk | 16.50 | | 4950.00 |
| 279 | | | | | | Bentonite gel | | | N/C | | |
| 285 | | | | | | CFR-1 | 85 | lb | 4.08 | | 348.00 |
| 283 | | | | | | Salt | 350 | lb | 0.20 | | 70.00 |
| 276 | | | | | | Floccul | 75 | lb | 2.00 | | 150.00 |
| 290 | | | | | | D-AIR | 5 | gal | 35.00 | | 175.00 |
| 581 | | | | | | SERVICE CHARGE | | | 2.00 | | 2.00 |
| 583 | | | | | | INITIAL CHARGE | | | 1.00 | | 1.00 |
| | | | | | | TOTAL WEIGHT | | | | | 476.27 |
| | | | | | | LOADED MILES | | | | | 1008.00 |
| | | | | | | CUBIC FEET | | | | | 476.27 |
| CONTINUATION TOTAL | | | | | | | | | | | 9548.77 |

JOB LOG

SWIFT Services, Inc.

DATE 14 SEP 11 PAGE NO.

CUSTOMER Pickrell Drilling WELL NO. #1 LEASE CA Fm TRUST A JOB TYPE cement long string TICKET NO. 21097

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|------|------------|--------------------|-------|---|----------------|--------|---|
| | | | | T | C | TUBING | CASING | |
| | | | | | | | | 75 SK 60/40 2% gel |
| | | | | | | | | 75 SK STD cement 10% salt |
| | | | | | | | | 300 SKS SMD w/ 1/4 flocc |
| | | | | | | | | Cont 1,23,62 Bskit 63 DV tool 4 3 1867' |
| | 1300 | | | | | | | on loc TRK 114 |
| | 1410 | | | | | | | start 4 1/2" 10.5" casing in well |
| | 1600 | | | | | | | Drop ball - circulate |
| | 1620 | 6 | 12 | | | | 200 | pump 12 bbl mid flush |
| | | 6 | 20 | | | | 200 | pump 20 bbl RCA flush |
| | 1635 | 4 3/4 | 28 | | | | 200 | mix 125 SKS 60/40 por 2% gel @ 14.3 ppg |
| | 1634 | 4 3/4 | 16 | | | | 200 | mix 75 SKS STD cement 10% salt @ 15.8 ppg |
| | | | | | | | | wash pipe & lines |
| | 1642 | | | | | | | Drop kick down plug |
| | 1644 | 6 3/4 | | | | | 200 | Displace plug |
| | | 6 3/4 | 67 | | | | 850 | |
| | 1655 | 6 3/4 | 73 | | | | 1500 | LAND Plug |
| | | | | | | | | Drop bomb |
| | | | 12 | | | | | Plg RH - MH 305 SKS 20 SKS |
| | | | | | | | | open DV tool |
| | 1712 | 6 3/4 | 140 | | | | 250 | MIX SMD 250 SKS @ 11.2 ppg |
| | | | | | | | | Drop 2nd stage plug |
| | 1732 | 6 3/4 | | | | | 300 | Displace plug |
| | | 6 3/4 | 24 | | | | 450 | Cement to surface |
| | 1745 | 6 3/4 | 30 | | | | 1700 | Land plug - close DV tool |
| | 1748 | | | | | | | release pressure to truck - dried up |
| | 1750 | | | | | | | wash truck |
| | 1820 | | | | | | | rack up job complete |

{ - 2nd stage
250 SKS in fact
25 top it }

Thanks Shane, L.A.H.O, Shane
& Dave

ALLIED CEMENTING CO., LLC. 037359

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend, KS

| DATE | SEC. | TWP | RANGE | CALLED OUT | ON LOCATION | JOB START | JOB FINISH |
|-----------------------------|------|-----------------------------|-------|---------------------------------------|-------------|----------------------|-----------------|
| 9-6-11 | 17 | 16 | 24 | | | 1100am | 1130am |
| LEASE <u>Lease transfer</u> | | WELL # <u># 1</u> | | LOCATION <u>Ransom 25 3w to rd 1n</u> | | COUNTY <u>Neosho</u> | STATE <u>KS</u> |
| OLD OR NEW (Circle one) | | to rd 270 1/4 West North mt | | | | | |

CONTRACTOR Prekcell Drilling # 1 OWNER Prekcell Drilling
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 277 CEMENT AMOUNT ORDERED 175 sa Com 390 cc 27 gze
 CASING SIZE 8 5/8 DEPTH 277
 TUBING SIZE DEPTH
 DRILL PIPE 4 1/2 DEPTH 277
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

| COMMON | | @ | | |
|----------|------------------------|---|--------------|---------------|
| COMMON | <u>175 sa</u> | @ | <u>16.25</u> | <u>2843.</u> |
| POZMIX | | @ | | |
| GEL | <u>3</u> | @ | <u>21.25</u> | <u>63.75</u> |
| CHLORIDE | <u>6</u> | @ | <u>58.20</u> | <u>349.20</u> |
| ASC | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| HANDLING | <u>184</u> | @ | <u>2.25</u> | <u>414.00</u> |
| MILEAGE | <u>184 x 2.5 x .11</u> | | | <u>506.00</u> |
| | | | TOTAL | <u>4176.</u> |

EQUIPMENT

PUMP TRUCK CEMENTER Bob Sr.
 # 366 HELPER Shane
 BULK TRUCK
 # 341 DRIVER Dustin
 BULK TRUCK
 # DRIVER

REMARKS:

Pipe on bottom because excavator with rig mud.
175 sa com 390 cc 27 gze.
Disagree with the 5 bbls fresh water - shun 4m
Cement did circulate

SERVICE

| | | | |
|--------------------|------------|---|---------------------------|
| DEPTH OF JOB | <u>277</u> | | |
| PUMP TRUCK CHARGE | | | <u>1125.00</u> |
| EXTRA FOOTAGE | | @ | |
| MILEAGE <u>Hum</u> | <u>50</u> | @ | <u>7.00</u> <u>350.00</u> |
| MANIFOLD | | @ | |
| <u>Hum</u> | <u>50</u> | @ | <u>4.00</u> <u>200.00</u> |
| | | | TOTAL <u>1675.00</u> |

CHARGE TO: Prekcell Drilling
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

| | | |
|-------------|---|--|
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| TOTAL _____ | | |

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 Mike Kern
 SIGNATURE Mike Kern

SALES TAX (If Any) _____
 TOTAL CHARGES 5851.70
 DISCOUNT 70% 1698.34 IF PAID IN 30 DAY
4153.36