



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: _____



1066358

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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Form	ACO1 - Well Completion
Operator	Downing-Nelson Oil Co Inc
Well Name	Hertel-Thielenhaus Unit 2-1
Doc ID	1066358

All Electric Logs Run

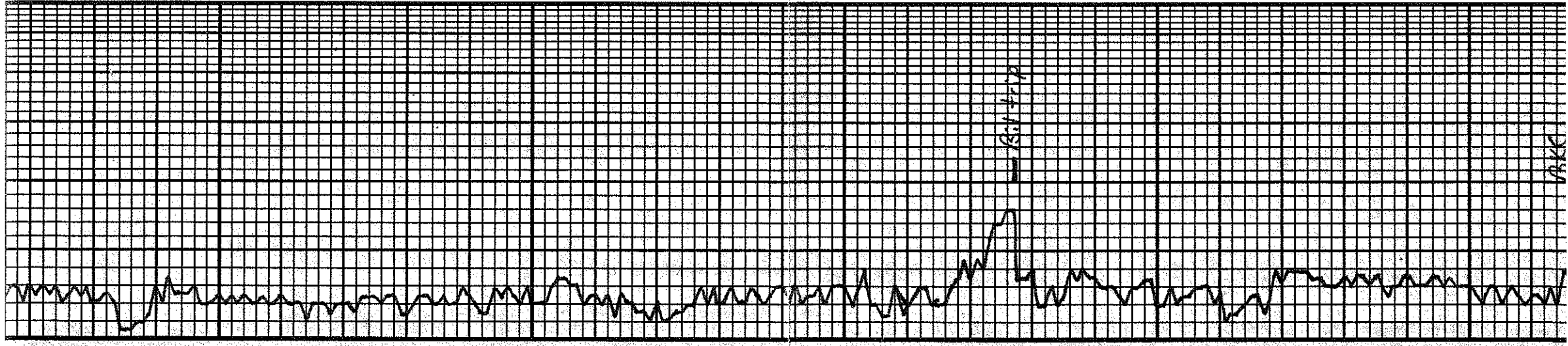
Dual Induction
Micro
Sonic
Compensated Neutron / Density

DRILL STEM TESTS

No.	Interval	IFP/Time	ISIP/Time	FFP/Time	FSIP/Time	IHW-FWH	RECOVERY

REMARKS AND RECOMMENDATIONS _____

<p>LEGEND</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px;"></td> <td>Anhydrite</td> </tr> <tr> <td></td> <td>Salt</td> </tr> <tr> <td></td> <td>Sandstone</td> </tr> <tr> <td></td> <td>Shale</td> </tr> <tr> <td></td> <td>Carb sh</td> </tr> <tr> <td></td> <td>Limestone</td> </tr> <tr> <td></td> <td>Ool. Lime</td> </tr> <tr> <td></td> <td>Chert</td> </tr> <tr> <td></td> <td>Dolomite</td> </tr> </table>		Anhydrite		Salt		Sandstone		Shale		Carb sh		Limestone		Ool. Lime		Chert		Dolomite	<p>DEPTH</p>	<p>REMARKS</p>
	Anhydrite																			
	Salt																			
	Sandstone																			
	Shale																			
	Carb sh																			
	Limestone																			
	Ool. Lime																			
	Chert																			
	Dolomite																			
<p>DRILLING TIME IN MINUTES PER FOOT Rate of Penetration Decreases</p> <p style="text-align: right; margin-right: 20px;">5" 10" 15" 20" 25"</p>	<p>LITHOLOGY</p>	<p>SAMPLE DESCRIPTIONS</p>																		
	<p>OIL SHOWS</p>	<p>REMARKS</p>																		



3500

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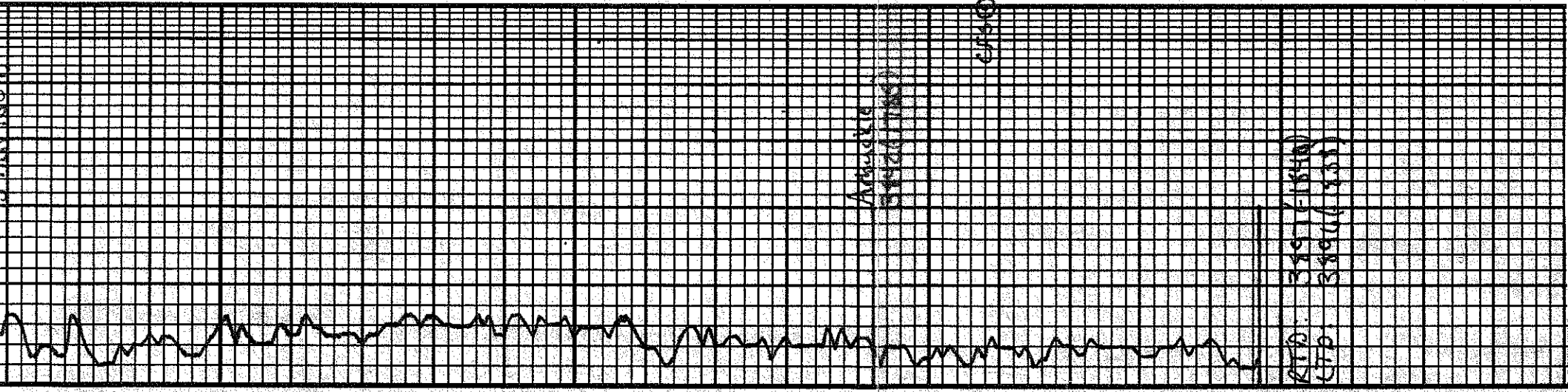
3600

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3700

SH: gm - Lt. grey - Lt. green	LS: Wnt fin v. good w/ 1-2 ps
LS: Wnt fin v. good w/ 1-2 ps	LS: Wnt fin v. good w/ 1-2 ps
Lt. sp. sh - No show oil	Lt. sp. sh - No show oil
No oil - becoming mky	No oil - becoming mky
in depth No show.	in depth No show.
SH: gm	SH: gm
LS: Wnt fin DSE, some	LS: Wnt fin DSE, some
v. good w/ poor DSE	v. good w/ poor DSE
NS. mostly all v. DSE	NS. mostly all v. DSE
Some still oblong towards	Some still oblong towards
Post	Post
SH: Black - Barb	SH: Black - Barb
LS: Wnt. form, fin and xlm,	LS: Wnt. form, fin and xlm,
plg. Chalky in part	plg. Chalky in part
LS: ALA, form w/ scat for	LS: ALA, form w/ scat for
ppp, chrs, ns. gfg - wnt	ppp, chrs, ns. gfg - wnt
slp chnta.	slp chnta.
LS: Wnt, fr neck w/ scat	LS: Wnt, fr neck w/ scat
xlm - chalky ex, Totally	xlm - chalky ex, Totally
barren.	barren.
LS: Tan f. w/ fin w/ touch	LS: Tan f. w/ fin w/ touch
gm - DSE	gm - DSE
SH: v. dark gm - Black	SH: v. dark gm - Black
LS: Wnt fin w/ good ood	LS: Wnt fin w/ good ood
No show all totally	No show all totally
Barren	Barren
SH: gm - Brown	SH: gm - Brown
LS: Wnt fin, still oil w/ mostly	LS: Wnt fin, still oil w/ mostly
all DSE - some chalky wnt	all DSE - some chalky wnt
Exs w/ scat gm - Brown sh	Exs w/ scat gm - Brown sh
SH: v. dark gm	SH: v. dark gm
LS: Wnt fin v. good ood	LS: Wnt fin v. good ood
No show - all totally	No show - all totally
Barren - becoming v. good	Barren - becoming v. good
DSE	DSE
SH: gm - Brown	SH: gm - Brown
LS: Wnt, fin - mid xlm,	LS: Wnt, fin - mid xlm,
mostly chrs w/ plg,	mostly chrs w/ plg,
scat subxlm ex, All	scat subxlm ex, All
NS.	NS.
SH: drk gfg - blk	SH: drk gfg - blk
LS: Wnt, fin xlm, scat	LS: Wnt, fin xlm, scat
chalky. All barren.	chalky. All barren.

PRK



Sh: lt gr, gummy.	Sh: 53, AM	Sh: AIA	Sh: 53	Sh: 53 ul born	LS: whit-cream, fine med sh	Sh: 53 ul born, fr Anat	Sh: red, argilaceous,	Sh: AIA ul org sup	Delo: whit prod - ces rhomb	Delo: whit, med - ces rhomb	Delo: AIA ul front	
LS: tan - whit, fine long chas	LS: tan - whit, fine long chas	LS: AIA	LS: tan, med sh, chas	LS: gray ul born	LS: whit-cream, fine med sh	LS: gray ul born, fr Anat	LS: red, argilaceous, wester red	LS: AIA ul org sup	LS: whit prod - ces rhomb	LS: whit, med - ces rhomb	LS: AIA ul front	
					ul much org sup ch. f. a.	org ch. f. a.			some frag in large ul scot		chalky ex. NS.	
					Re mostly chns ul pos, NS				v. mgs. fr Anat red sh, wash			
									slaty red, totally broken.			
									Delo: whit, med - ces rhomb			
									xlus. frag, intx-leng			
									v. mgs. fr Anat red sh, wash			
									totally broken.			
									base. No Delo			
									Delo: some AIA, long			
									chns ul less			

Alan Denig

50

3800

50

3900

ALLIED CEMENTING CO. LLC. 035822

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Russell KS

DATE <u>10-11-11</u>	SEC. <u>1</u>	TWP. <u>10</u>	RANGE <u>18</u>	CALLED OUT	ON LOCATION	JOB START <u>10:00am</u>	JOB FINISH <u>10:30am</u>
LEASE <u>Thickman</u> WELL # <u>2-1</u>		LOCATION <u>Lacrosse KS 15</u>			COUNTY <u>RUSA</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>2 1/2 E N14</u>					

CONTRACTOR Discovery #3 OWNER _____

TYPE OF JOB Surface

HOLE SIZE _____ T.D. 1214 CEMENT _____

CASING SIZE 2 5/8 DEPTH 1214 AMOUNT ORDERED 450 SK COM

TUBING SIZE _____ DEPTH _____ 3% CC 2% Gel

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____ COMMON _____ @ _____

MEAS. LINE _____ SHOE JOINT 2447 POZMIX _____ @ _____

CEMENT LEFT IN CSG. 2447 GEL _____ @ _____

PERFS. _____ CHLORIDE _____ @ _____

DISPLACEMENT 75.75 ASC _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Heath _____ @ _____

409 HELPER Todd _____ @ _____

BULK TRUCK _____ @ _____

481 DRIVER Nick _____ @ _____

BULK TRUCK _____ @ _____

_____ DRIVER _____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

REMARKS:

Run 29 joints 85% casing & landing it

Est Circulation with mud pump

Mixed 450sk and displaced 75.75

bit H2O

Plug topped @ 600psi and shut in

Cement did circulate

Thanks

CHARGE TO: Downing Nelson Oil Co.

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME GALEN GASCHER

SIGNATURE Galen Gascher

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.

ALLIED CEMENTING CO., LLC. 037402

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Grand River, KS

DATE <i>10-16-11</i>	SEC. <i>1</i>	TWP. <i>18</i>	RANGE <i>18</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Hotel</i>	WELL# <i>2-1</i>	LOCATION <i>3 east north into</i>			COUNTY <i>Rush</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)							

CONTRACTOR <i>Discovery #3</i>	OWNER <i>Douwing-Nelson Oil</i>
TYPE OF JOB <i>Rotary Plug</i>	CEMENT
HOLE SIZE <i>1 7/8</i>	AMOUNT ORDERED <i>220 5x 60/40</i>
CASING SIZE	<i>40% gel</i>
TUBING SIZE	
DRILL PIPE	
TOOL	
PRES. MAX	
MEAS. LINE	
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

EQUIPMENT

PUMP TRUCK	CEMENTER	<i>Greg R.</i>
# <i>398</i>	HELPER	<i>Shane K</i>
BULK TRUCK	DRIVER	<i>John P.</i>
# <i>341</i>	DRIVER	

REMARKS:

MIX 50 5X @ 3738 ft
MIX 50 5X @ 1230 ft
MIX 50 5X @ 540 ft
MIX 30 5X @ 60 ft
40% gel in hole
70% in househole

CHARGE TO: *Douwing-Nelson Oil*

STREET _____

CITY _____ STATE _____ ZIP _____

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

SERVICE

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

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 *X GALEN GASCHLER*

SIGNATURE *Galen Gaschler*

Thank You!

SALES TAX (if Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS _____