



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: _____



1066633

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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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 28063

LOCATION Oakley MS

FOREMAN M. Ross Shaw

Walt Dinkel

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
7-2-11	1487	Berkgren 'B' #1	8	13S	33W	Logan Co MS	
CUSTOMER <u>Blake Exploration</u>		monument 12S 1/2 East		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				463	Josh G		
CITY		STATE	ZIP CODE	439	Damon M.		

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 228 CASING SIZE & WEIGHT 8 5/8" / 23#
 CASING DEPTH 227.79 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL 40 bbls WATER gal/sk _____ CEMENT LEFT in CASING 15/20'
 DISPLACEMENT 13 1/4 bbls DISPLACEMENT PSI 150 MIX PSI _____ RATE 5 bbl/min

REMARKS: Safety meeting h.g. up on murfin #22 regulate 8 5/8 casing
m. rd 165 com 3% CC 2% gel displac 13 1/4 bbls @ 150 psi

Thank you
M. Ross & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1025.00	1025.00
5406	20	MILEAGE	5.00	100.00
11045	165 S4s	Class A Cement	16.80	2772.00
1102	465	Calcium Chloride	.84	390.60
1118B	310	Bentonite	.24	74.40
5407	776 Ton	ton mileage delivery	1.58	410.00
		<u>Cement cl. / carbonate</u>		
			Subtotal	4772.00
			less 158 dis	- 715.50
				4056.50
		<u>242552</u>	7.88	
			SALES TAX	214.62
			ESTIMATED TOTAL	4271.12

Ravin 3737

AUTHORIZATION Kelly Wilson TITLE PUSHER DATE 7-2-11

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.

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DRILL STEM TEST REPORT

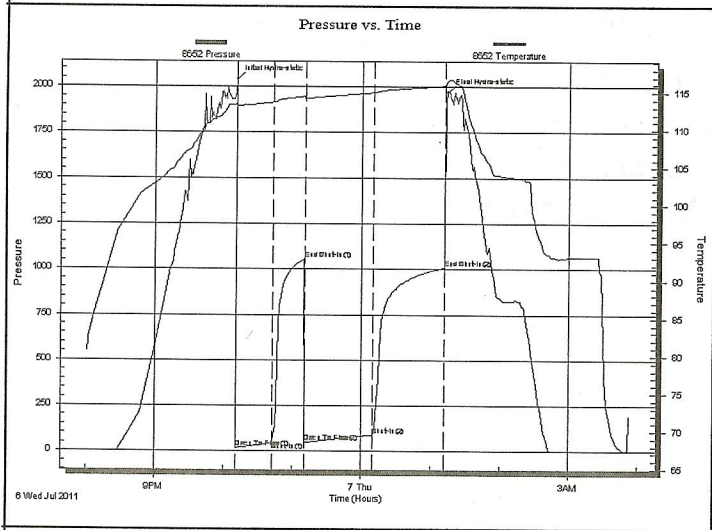
Blake Exploration, LLC Berkgren B #1
 PO Box 150 8 13s 33w Logan KS
 Bogue, KS 67625 Job Ticket: 042238 DST#: 1
 ATTN: Mike Davignon Test Start: 2011.07.06 @ 20:01:00

GENERAL INFORMATION:

Formation: **LKC H**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole
 Time Tool Opened: 22:11:15 Tester: Bradley Walter
 Time Test Ended: 03:53:00 Unit No: 40
 Interval: 4060.00 ft (KB) To 4100.00 ft (KB) (TVD) Reference Elevations: 2989.00 ft (KB)
 Total Depth: 4100.00 ft (KB) (TVD) 2980.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 9.00 ft

Serial #: 8652 Inside
 Press@RunDepth: 89.05 psig @ 4061.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2011.07.06 End Date: 2011.07.07 Last Calib.: 2011.07.07
 Start Time: 20:01:05 End Time: 03:52:59 Time On Btm: 2011.07.06 @ 22:11:00
 Time Off Btm: 2011.07.07 @ 01:13:45

TEST COMMENT: IF: 2 inches blow.
 IS: No return blow.
 FF: 3 inches blow.
 FS: No return blow.



PRESSURE SUMMARY			
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2039.09	113.65	Initial Hydro-static
1	16.76	112.98	Open To Flow (1)
32	47.03	113.70	Shut-In(1)
60	1054.20	114.48	End Shut-In(1)
60	49.88	114.19	Open To Flow (2)
120	89.05	115.00	Shut-In(2)
181	1006.74	115.87	End Shut-In(2)
183	1970.51	116.43	Final Hydro-static

Recovery		
Length (ft)	Description	Volume (bbl)
40.00	ocm 20 80m	0.20
150.00	go 5g 95o	0.74

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Blake Exploration, LLC

Berkgren B #1

PO Box 150
Bogue, KS 67625

8 13s 33w Logan KS

ATTN: Mike Davignon

Job Ticket: 042239

DST#: 2

Test Start: 2011.07.07 @ 11:32:00

GENERAL INFORMATION:

Formation: **LKC I**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 13:40:15

Time Test Ended: 18:48:15

Test Type: Conventional Bottom Hole

Tester: Bradley Walter

Unit No: 40

Interval: **4100.00 ft (KB) To 4131.00 ft (KB) (TVD)**

Total Depth: **4131.00 ft (KB) (TVD)**

Hole Diameter: **7.88 inches** Hole Condition: Fair

Reference Elevations: 2989.00 ft (KB)

2980.00 ft (CF)

KB to GR/CF: 9.00 ft

Serial #: 8652

Inside

Press@RunDepth: 65.57 psig @ 4101.00 ft (KB)

Start Date: 2011.07.07

End Date:

2011.07.07

Capacity: 8000.00 psig

Last Calib.: 2011.07.07

Start Time: 11:32:05

End Time:

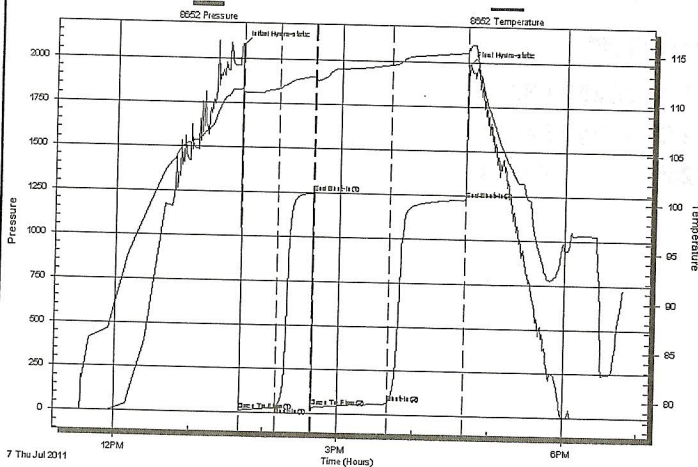
18:48:14

Time On Btm: 2011.07.07 @ 13:40:00

Time Off Btm: 2011.07.07 @ 16:41:00

TEST COMMENT: IF: 2 inches blow.
IS: No return blow.
FF: 2 inches blow.
FS: No return blow.

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2073.55	111.26	Initial Hydro-static
1	14.20	109.92	Open To Flow (1)
30	32.73	111.31	Shut-In(1)
59	1245.99	112.55	End Shut-In(1)
60	38.02	112.05	Open To Flow (2)
120	65.57	113.84	Shut-In(2)
181	1224.65	115.24	End Shut-In(2)
181	1982.03	115.52	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
110.00	ocm45o 55m	0.54
30.00	go 5g 95o	0.15

Gas Rates

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