



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
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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: _____



1066864

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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THE NEW KLEIN LUMBER COMPANY
 201 W. MADISON
 P.O. BOX 865
 TOLA, KS 66749
 PHONE: (620) 363-2201

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK	DATE	TIME
45				CASH/CHECK/BANKCARD	BE	9/29/11	8:43

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XXXX CASH XXXX

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TERMINAL
 DICK C44347
 # INVOICE #

TAX : 001 TOLA TOLA

SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/PER	EXTENSION
5		EA	PC	PORTLAND CEMENT <i>GAMMA well # 8</i>		5	9.45 /EA	47.25

** PAYMENT RECEIVED ** 51.29 TAXABLE 47.25
 ** PAID IN FULL ** NON-TAXABLE 0.00
 SUBTOTAL 47.25

X

RECEIVED BY

CHECK PAYMENT
 CK# 4657 ABAN

51.29
 TAX AMOUNT 4.04
 TOTAL AMOUNT 51.29

802 N. Industrial Rd.
 P.O. Box 664
 Iola, Kansas 66749
 Phone: (620) 365-5588

Payless Concrete Products, Inc.

CONDITIONS
 Concrete to be delivered to the nearest accessible point over passable road under truck's own power. Due to delivery at owner's discretion, the seller assumes no responsibility for damages to property, including driveways, roadways, driveways, buildings, trees, shrubs, etc., which are at customer's risk. The maximum allotted time for unloading trucks is 15 minutes per yard. A charge will be made for holding trucks longer. This concrete contains a certain water content for strength or mix indicated. We do not assume responsibility for strength loss when water is added at customer's request.
NOTICE TO OWNER:
 Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

SEND TO:
 CASH
 CASH CUSTOMER

SHIP TO:

DATE	FORMULA	LOAD SIZE	YARDS ORDERED	DRIVER/TRUCK	PLANT/TRANSACT NO.
09-27-10	WELL	8.00 yd	8.00 yd		
10-05-11	Today	1	8.00 yd		
		1	8.00 yd		

WARNING
IRRITATING TO THE SKIN AND EYES.
 Contains Portland Cement, Sawdust, Rubber Chips and Coarse Aggregate. CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Avoid Contact With Skin. In case of Contact With Skin, Wash Thoroughly With Water. If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.
 CONCRETE IS AFFEASIBLE COMMODITY AND BECOMES THE PROPERTY OF THE PURCHASER UPON LEAVING THE PLANT. ANY CHANGE OR CANCELLATION OF ORIGINAL INSTRUCTIONS MUST BE REFERENCED TO OFFICE BEFORE LOADING STARTS.
 All accounts not paid within 30 days of delivery will bear interest at the rate of 24% per annum.
 Not Responsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.
 A \$25 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks.
 Excess Delay Time Charged @ \$50/HR.

PROPERTY DAMAGE RELEASE
 (TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)
 Dear Customer: The driver of this truck, in pressing this RELEASE to you for your signature as of the time that the driver of this truck may possibly cause damage to the property of the customer, property if it places the material in the area of the customer's property, to help you in every way that we can to protect you from this driver, requesting that you sign this RELEASE, releasing him and this supplier from any responsibility for any damage that may occur to the customer's property, buildings, sidewalks, driveways, roadways, etc., by the driver of this material, and that you also agree that if the driver of this truck is held responsible for any damage that will not limit the driver's liability for any damage caused by the driver of the truck at the time of delivery and all claims for damages and/or cost of property damaged by the driver of the truck to be the responsibility of the customer.

Excessive Water is Deleterious to Concrete Performance
 H₂O Added by Request/Authorization
 GAL X
 WEIGHMASTER
 NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.
 LOAD RECEIVED BY:
 X *[Signature]*

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
8.00	WELL	WELL (10 BAGS)	76.00	608.00
2.50	TRUCKING	TRUCKING CHARGE	50.00	125.00

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION / C / UNDER TEST TAKEN	TIME ALLOWED
			1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AT DEAD END JOB 4. CONTRACTOR BROKE DOWN 5. CLOGGED WATER	
			6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER	
9:35	10:20			
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME

Original \$	733.00
7.550	55.34
	788.34
ADDITIONAL CHARGE 1	788.34
ADDITIONAL CHARGE 2	
GRAND TOTAL	

011147

10707

**Lone Jack Oil Company
509 East Walnut
Blue Mound, KS 66010**

Invoice

Date	Invoice #
10/9/2011	1340

Bill To
Lone Jack Oil 509 E Walnut St Blue Mound, KS 66010

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	Gamlin #8 10/5/11, Well #8, circulated 80 sacks of cement to surface, pumped 143 gallons of water behind cement and shut in. Sales Tax	700.00 6.30%	700.00T 44.10
		Total	\$744.10