



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: _____



1070614

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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Form	ACO1 - Well Completion
Operator	Kinney Oil Company
Well Name	Woody Acres 1-2
Doc ID	1070614

All Electric Logs Run

Dual Induction
Sonic
Micro
Neutron Density

Form	ACO1 - Well Completion
Operator	Kinney Oil Company
Well Name	Woody Acres 1-2
Doc ID	1070614

Tops

Name	Top	Datum
Heebner	516	738
Lansing	703	551
BKC	975	279
Cherokee	abs	
Mississippian	abs	
Kinderhook	abs	
Hunton	1281	-27
Maquoketa	1864	-610
Viola	1928	-674
Simpson	2152	-898
Simpson SS	2276	-1022
Arbuckle	abs	
Lamont SS	abs	
PreCambrian	2309	-1055
TD	2359	-1105

GEOLOGICAL REPORT

Larry A. Nicholson

Company: Kinney Oil Company
 Lease: Woody Acres #1-2
 Location: 330° FSL 330° FEL SE SE
 County: WOODY ACRES #1-2
 Field: WELL #1-2

SECTION: 22S
 TWP: 23S
 R13E
 S13E
 NE1/4

ELEVATIONS
 K.B. 1254'
 O.D. 1244'

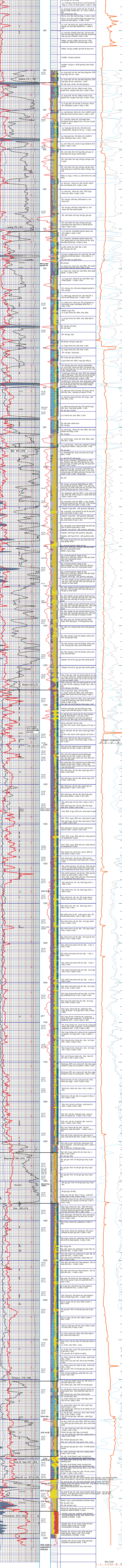
FORMATION
 SH, micro xln, dnl, dms, n sh

FORMATION
 SYMBOLS
 STRATA
 SURFACE
 SURFACE STRATA

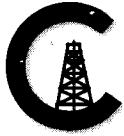
DRILL STEM TESTS
 No., Interval, Depth, Interval, Depth, Interval, Depth, Interval, Depth

LEGEND
 Lithology: Limestone, Cherty Limestone, Dolomite, Chert, Shale, Carbonaceous, Salt, Sandstone, Anhydrite

REMARKS & RECOMMENDATIONS
 Based on sample shows, and log review the well was run as...



COMPANY: Kinney Oil Company
 LEASE: Woody Acres #1-2 SE SE
 LOCATION: 330° FSL 330° FEL SE SE
 COUNTY: WOODY ACRES #1-2
 Field: WELL #1-2
 SECTION: 22S
 TWP: 23S
 R13E
 S13E
 NE1/4



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 240999

Invoice Date: 04/30/2011 Terms: 0/0/30,n/30

Page 1

KINNEY OIL COMPANY
1401 17TH ST, SUITE 870
DENVER CO 80202
(303) 295-1770

WOODY ACRES 1-2
30389
2-2S-13E
04-27-11
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	160.00	14.2500	2280.00
1102	CALCIUM CHLORIDE (50#)	500.00	.7000	350.00
1118B	PREMIUM GEL / BENTONITE	300.00	.2000	60.00
1107	FLO-SEAL (25#)	40.00	2.2200	88.80

Description	Hours	Unit Price	Total
445 CEMENT PUMP (SURFACE)	1.00	775.00	775.00
445 EQUIPMENT MILEAGE (ONE WAY)	170.00	4.00	680.00
543 TON MILEAGE DELIVERY	1278.40	1.26	1610.78

Surface

7309
0113100013
V20717

Parts:	2778.80	Freight:	.00	Tax:	202.85	AR	6047.43
Labor:	.00	Misc:	.00	Total:	6047.43		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC



TICKET NUMBER 30389

LOCATION Eureka, KS

FOREMAN Shannon Fick

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

FIELD TICKET & TREATMENT REPORT

CEMENT Api # 15-131-20223

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-27-11	4570	Woody Acres 1-2	2	25	13 E	Nemaha
CUSTOMER Kinney Oil Company			Summit DRL6			
MAILING ADDRESS 1401 17th St Ste 870			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Denver			445	Dave		
STATE CO			543	Calin		
ZIP CODE 80202						

JOB TYPE Surface 0 HOLE SIZE 12 1/4" HOLE DEPTH 271 CASING SIZE & WEIGHT 8 5/8
CASING DEPTH 268 DRILL PIPE — TUBING — OTHER —
SLURRY WEIGHT 15# SLURRY VOL 38.881 WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
DISPLACEMENT 15.7 BBL DISPLACEMENT PSI 300 MIX PSI 150-200 psi RATE 4.5 BBL/min

REMARKS: Rig up to 8 5/8 casing, break circulation with 10 BBL water, mixed 160 SKS Class A cement with 3% calcium 2% gel & 1/4# Flo-cel/sk. Displace with 15.7 BBL water. Shut casing in, good circulation @ all times, had 11.7 BBL slurry to pit. Job complete.

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Thanks Shannon & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	775.00	775.00
54016	170	MILEAGE	4.00	680.00
11045	160 SKS	Class "A" Cement	14.25	2280.00
1102	500#	Calcium 3%	.70	350.00
119B	300#	gel 2%	.20	60.00
1107	40#	Flo-cel 1/4#/SK	2.22	88.80
5407A	7.52 Tons	Ton mileage bulk truck	1.26	1610.78
			Sub total	5844.58
			7.3% SALES TAX	202.85
			ESTIMATED TOTAL	6047.43

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE 4-27-11

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.