



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: _____



1072444

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Heinz, Mark dba Edgewood Management Company
Well Name	Wilson H-1
Doc ID	1072444

Tops

Name	Top	Datum
Overburden	0	44
Shale	44	131
Sandy Shale	443	478
Coal	658	660
Black Shale	722	731
Lime	765	768
Coal	1015	1016
Oil Sand	1157	1176
Mississippi Lime	1180	1194
TD	1256	



TICKET NUMBER 33462
 LOCATION EUREKA
 FOREMAN Kevin McCoy

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
12-10-11		WILSON H-1				Allen, ks
CUSTOMER Edgewood Management Co.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 196			485	ALAN M		
CITY GAS			667	Merle R		
STATE KS			637	Jim M.		
ZIP CODE 66742			452-T-63	John G.		

JOB TYPE Longstring O HOLE SIZE 6 3/4 HOLE DEPTH 1256' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 1249' 2 7/8 Euc OTHER _____
 SLURRY WEIGHT 13.8" SLURRY VOL 60 BBL WATER gal/sk 6.7 CEMENT LEFT in CASING 0'
 DISPLACEMENT 7.23 BBL DISPLACEMENT PSI 600 MIX PSI 1000 Bump Plug RATE 5 BPM MIXING 1 BPM DISPLACE

REMARKS: Safety Meeting: Rig up to 2 7/8 Tubing. Break Circulation w/ 15 BBL Fresh water. Pump 400* Gel Flush, 55 BBL water spacer. Mixed 240 sks 60/40 Pozmix Cement w/ 4% Gel, 1 1/2% CaCl2, 1/2" Pheno Seal /sk @ 13.8"/gal. Shut down. Wash out Pump & Lines. Stuff 2 Plugs. Displace Plugs to Seat w/ 7.23 BBL water. Final Pumping Pressure 600 psl. Bump Plugs to 1000 psl. Shut tubing in. Good Cement Returns to Surface = 6 BBL slurry to Pit. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	40	MILEAGE	4.00	160.00
1131	240 SKS	60/40 Pozmix Cement	12.55	3012.00
1118 B	825 *	Gel 4%	.21	173.25
1107 A	120 *	Pheno Seal 1/2" /sk	1.29	154.80
1102	300 *	CaCl2 1 1/2 %	.74	222.00
5407 A	10.32 Tons	40 miles Bulk Delv.	1.34	553.15
5501 C	3 Hrs	Water Transport	112.00	336.00
5502 C	3 Hrs	80 BBL VAC TRUCK	90.00	270.00
B 1123	6000 gals	City water	16.50/1000	99.00
1118 B	400 *	Gel Flush	.21	84.00
	2	2 7/8 Top Rubber Plugs	28.00	56.00
	12-10-11	PAID IN FULL w/5% Discount = 6115.32		
		CK # 501		
		THANK YOU	7.55%	
		Sub Total		6150.20
		SALES TAX		286.98
		ESTIMATED TOTAL		6437.18

RAVIN 3737
 AUTHORIZATION [Signature] TITLE _____ DATE _____

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.

Michael Drilling, LLC
P.O. Box 402
Iola, KS 66749
620-496-7795

Company: EdgeWood Management Company
Address: PO Box 196
Gas Kansas 66742
Ordered By: Mark

Date: 12/07/11
Lease: Wilson
County: Allen
Well#: H-1
API#: 15-30294-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-44	Overburden	780-799	Sand
44-131	Shale	799-911	Shale
131-242	Lime	911-913	Coal
242-304	Sand With Lime Streaks	913-1015	Shale
304-443	Lime	1015-1016	Coal
443-478	Sandy Shale	1016-1046	Sand
478-616	Shale	1046-1096	Shale
616-620	Lime	1096-1156	Sandy Shale
620-640	Broken Lime	1156-1157	Coal
640-658	Lime	1157-1176	Oil Sand
658-660	Coal	1176-1180	Shale
660-683	Sandy Shale	1180-1194	Mississippi Lime
683-691	Shale	1194-1208	Oil Show
691-711	Sand	1208-1218	Sand
711-713	Lime	1218-1256	Mississippi Lime
713-714	Coal	1256	TD
714-722	Sand		
722-731	Black Shale		Surface 44'
731-741	Sand		
741-765	Lime		
765-768	Lime		
768-775	Lime		
775-779	Sandy Shale		
779-780	Coal		

THE NEW KLEIN LUMBER CO
201 WEST MADISON
IOLA, KS 66749

Sale

Tr: 490
12-06
Batch: 442

THE NEW KLEIN LUMBER COMPANY
201 W. MADISON
P.O. BOX 805
IOLA, KS 66749
PHONE: (620) 365-2201

PAGE NO 1

VISA

*****2177

ADP Code: 02552C

Invoice #: 000009

Trans ID: 161340609727551

Total: \$ 41.03

R. NO.	REFERENCE	TERMS	CLERK	DATE	TIME
		CASH/CHECK/BANKCARD	BE	12/ 6/11	4:27

S H I P T O	
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Customer Copy
THANK YOU!
FOOT 2
FOOT 3
FOOT 4

TERM 1

DOCH C40204

* INVOICE *

TAX : @01 IOLA IOLA

SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/PER	EXTENSION
4		EA	PC	PORTLAND CEMENT		4	9.45 /EA	37.80
						41.03	TAXABLE	37.80
							NON-TAXABLE	0.00
							SUBTOTAL	37.80
						41.03	TAX AMOUNT	3.23
							TOTAL AMOUNT	41.03

** PAYMENT RECEIVED **
** PAID IN FULL **

RECEIVED BY

BANKCARD PAYMENT
MCRD/VISA

X

THE NEW KLEIN LUMBER CO
201 WEST MADISON
IOLA, KS 66749

THE NEW KLEIN LUMBER COMPANY
201 W. MADISON
P.O. BOX 005
IOLA, KS 66749
PHONE: (620) 365-2201

PAGE NO - 1

Sale

ID: 25001490
11/29/11
Batch #: 436

Ref #: 0004
14:29:33

VISA

*****2177

Acct Code: 015300

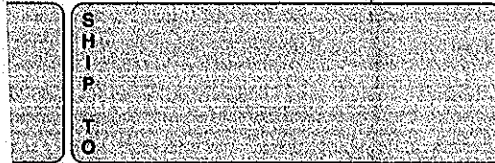
Invoice #: 000004

Trans ID: 161333731795055

Total: \$ 41.03

Customer Copy
THANK YOU!
FOOT 2
FOOT 3
FOOT 4

ER NO:	REFERENCE	TERMS	CLEAK	DATE	TIME
		CASH/CHECK/BANKCARD	DE	1/29/11	2:18



TERMS551

DOCH C47091

INVOICE #

TAX : 001 IOLAL IOLA

SHIPPED	ORDERED	UM	SKU	DESCRIPTION	QUAN	UNITS	PRICE/PER	EXTENSION
4		EA	PC	PORTLAND CEMENT		4	9.45 /EA	37.00

** PAYMENT RECEIVED **
** PAID IN FULL **

41.03 TAXABLE 37.00
NON-TAXABLE 0.00
SUBTOTAL 37.00

X

RECEIVED BY

BANKCARD PAYMENT
BKCRDVISA

41.03
TAX AMOUNT 3.23
TOTAL AMOUNT 41.03