



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: _____



1074054

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Hodown Drilling

P.O. Box 92
 Yates Center, KS 66783
 (719) 210-8806 (620) 330-6328

DATE: August 3, 2011
INVOICE #

Andrew King & Steven Leis (Owners)

FOR: Mannschrech #8

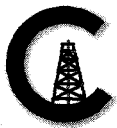
BILL TO:
 Hal Dvorachek
 Quest Development Co.
 P.O. Box 413
 Iola, KS 66749

DESCRIPTION	HOURS	RATE	AMOUNT
Drilled 995' 5 7/8" hole		6.00	\$ 5,970.00
set surface (10 sacks cement)		included	
SUBTOTAL			\$ 5,970.00
TAX RATE			
SALES TAX			-
OTHER			
TOTAL			\$ 5,970.00

Make checks payable to Hodown Drilling
 Total due in 15 days. Overdue accounts subject to a service charge of 1% per month.

THANK YOU FOR YOUR BUSINESS!

Lease Name: Mannschreck	Spud Date: 7-19-2011	Surface Pipe Size: 7"	Depth: 40'	TD: 995
Operator: Quest Development	Well #8	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_5	soil			
5_25	clay			
25_145	shale			
145_181	lime			
181_198	shale			
198_256	lime			
256_351	shale			
351_409	lime			
409_448	shale			
448_453	lime			
453_492	shale			
492_528	lime			
528_536	shale			
536_561	lime			
561_567	shale			
567_585	lime			
585_733	shale			
733_739	lime			
739_742	shale			
742_749	lime			
749_755	shale			
755_766	lime			
766_768	shale			
768_714	lime			
714_780	shale			
780_788	lime			
788_820	shale			
820_825	lime			
825_852	shale			
852_856	lime			
856_876	shale			
876_880	lime			
880_897	shale			
897_901	lime			
901_925	shale			
925_928	lime			
928_931	shale			
931_936	lime			
936_970	shale			
970_971	1st cap			
971_976	shale			
976_977	lime			
977_978	free oil, sand			
978_984	good oil sand			
984_995	shale			
	995 TD			



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 31401
LOCATION Eureka
FOREMAN Stevenson

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
7/19/11	1166	Munschack # 8	32	325	17E	Coffey
CUSTOMER			TRUCK #			
Quest Development			455	Alb. M.		
MAILING ADDRESS			515	Alb. R.		
P.O. Box 413			78	Art. 11 (City Trucking)		
CITY	STATE	ZIP CODE				
Teta	KS	66749				

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH 220 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 17.4 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5/8 DISPLACEMENT PSI 2600 MIX PSI _____ RATE _____

REMARKS: Soft mud. Rig up to 2 3/4 tubing. Break circulation with
 Lariat Pump 300' G.P. Flush. Circulated cement tubing. 115 S.S. CMC
 Cement. 1 1/2" Phased pump at 1341. Shut down wash pump & line.
 Start 2 days. Pump with 5" dia. Fresh water. Then mix to with
 250' Good Cement Return to Surface.
 Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
		MILEAGE <u>1/2</u>		
1176	115 S.S.	Obor Cement	17.90	2059.50
1107A	57"	Phased 1 1/2" pump	1.22	69.54
1118B	300'	G.P. Flush	.20	60.00
A107		Terrell's Bulk Truck	200	330.00
5402	4 hrs	8000 Vacuum Truck		360.00
1123	3000 gallons	CITY WATER	15.60/1000	46.80
11402	2	2 3/4 Top Rubber Plug	28.00	56.00
		Total 4100.16		
		5% Tax 205.00		
		3995.16		
		Subtotal		3955.84
		6.3% SALES TAX		144.32

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE 7/19/2011
 ESTIMATED TOTAL 4100.16

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.