



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: _____



1074538

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	LB Exploration, Inc.
Well Name	Hopkin's Ranch 28 1
Doc ID	1074538

All Electric Logs Run

Dual Induction
Dual Compensated Porosity
Microresistivity
Borehole Compensated Sonic



Cement Report

Customer <i>L B Exploration</i>		Lease No.		Date <i>9-15-11</i>		
Lease <i>Houkins Ranch</i>		Well # <i>1</i>		Service Receipt		
Casing <i>5 5/8 14'</i>	Depth	County <i>Barber</i>	State <i>Ks</i>			
Job Type <i>2-42 Longshing</i>	Formation	Legal Description <i>28-32-13</i>				
Pipe Data			Perforating Data		Cement Data	
Casing size <i>5 5/8 14</i>	Tubing Size	Shots/Ft		Lead		
Depth <i>4991</i>	Depth	From	To	Tail in <i>1755Ks</i> <i>AA-2</i>		
Volume <i>121</i>	Volume	From	To			
Max Press <i>2000</i>	Max Press	From	To			
Well Connection	Annulus Vol.	From	To			
Plug Depth <i>4949</i>	Packer Depth	From	To			
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log	
<i>6:30</i>					<i>on location</i>	
<i>6:45</i>					<i>rig up</i>	
<i>10:10</i>					<i>Drop Ball</i>	
<i>10:20</i>					<i>start circulating</i>	
<i>11:05</i>					<i>shut down circulation Hook to cement pump</i>	
<i>11:25</i>	<i>0</i>		<i>12</i>	<i>1.7</i>	<i>plug Rat & mouse Hole</i>	
<i>11:40</i>	<i>0</i>		<i>1</i>	<i>0.75</i>	<i>start cement for pipe 15.3'</i>	
<i>11:40</i>	<i>0</i>		<i>1</i>	<i>0</i>	<i>shut down to fix Recirculating Pipe/line</i>	
<i>12:35</i>	<i>200</i>		<i>1</i>	<i>2.75</i>	<i>start cmt. 15.3'</i>	
<i>12:55</i>	<i>0</i>		<i>44</i>	<i>0</i>	<i>shut down to wash up lines & pump</i>	
<i>1:05</i>	<i>0</i>		<i>0</i>	<i>0</i>	<i>Drop plug</i>	
<i>1:08</i>	<i>0</i>		<i>1</i>	<i>4.0</i>	<i>start disp</i>	
<i>1:52</i>	<i>1500</i>		<i>122</i>	<i>0</i>	<i>plug down</i>	
<i>1:53</i>					<i>Release Pressure Plug Holding</i>	
<i>1:55</i>					<i>Rig down</i>	
Service Units <i>27462</i>		<i>14354</i>	<i>19573</i>	<i>17702</i>		
Driver Names						

[Signature]
Customer Representative

Station Manager

[Signature]
Cementer Taylor Printing, Inc.



DRILL STEM TEST REPORT

Prepared For: **LB Exploration Inc**

2135 2nd RD Holyrod KS 67450 + 9021

ATTN: Scott Alberg

28-32-13w Barber

Hopkins Ranch 28 #1

Start Date: 2011.09.11 @ 19:54:00

End Date: 2011.09.12 @ 04:36:00

Job Ticket #: 18633 DST #: 1

Superior Testers Enterprises LLC
PO Box 138 Great Bend KS 67530
1-800-792-6902

Printed: 2011.09.12 @ 04:51:42

LB Exploration Inc
Hopkins Ranch 28 #1
28-32-13w Barber
DST # 1
Mississippi
2011.09.11



DRILL STEM TEST REPORT

TOOL DIAGRAM

LB Exploration Inc
 2135 2nd RD Holyrood KS 67450 + 9021
 ATTN: Scott Alberg

Hopkins Ranch 28 #1
28-32-13w Barber
 Job Ticket: 18633 **DST#: 1**
 Test Start: 2011.09.11 @ 19:54:00

Tool Information

Drill Pipe:	Length: 4388.00 ft	Diameter: 3.80 inches	Volume: 61.55 bbl	Tool Weight: 1000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 20000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 57000.00 lb
			<u>Total Volume: 61.55 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	25.00 ft			String Weight: Initial 51000.00 lb
Depth to Top Packer:	4391.00 ft			Final 51000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	54.00 ft			
Tool Length:	82.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
SHut-InTool	5.00		Inside	4368.00	
Hydraulic Tool	5.00			4373.00	
Jars	6.00			4379.00	
Safety Joint	2.00			4381.00	
Packer	5.00			4386.00	28.00 Bottom Of Top Packer
Packer	5.00			4391.00	
Anchor	0.00			4391.00	
Change Over Sub	0.75			4391.75	
Drill Pipe	30.50		Outside	4422.25	
Change Over Sub	0.75		Outside	4423.00	
Anchor	17.00			4440.00	
Recorder	1.00	8419	Inside	4441.00	
Recorder	1.00	8524	Outside	4442.00	
Bullnose	3.00			4445.00	54.00 Bottom Packers & Anchor

Total Tool Length: 82.00



DRILL STEM TEST REPORT

FLUID SUMMARY

LB Exploration Inc
 2135 2nd RD Holyrood KS 67450 + 9021
 ATTN: Scott Alberg

Hopkins Ranch 28 #1
28-32-13w Barber
 Job Ticket: 18633 **DST#: 1**
 Test Start: 2011.09.11 @ 19:54:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 49.00 sec/qt	Cushion Volume: bbl		
Water Loss: 10.39 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psia		
Salinity: 7800.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
30.00	Mud	0.421
0.00	4358 feet gas in pipe	0.000

Total Length: 30.00 ft Total Volume: 0.421 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments: gas to surface 5 minutes into the 2nd open



DRILL STEM TEST REPORT

GAS RATES

LB Exploration Inc
2135 2nd RD Holyrood KS 67450 + 9021
ATTN: Scott Alberg

Hopkins Ranch 28 #1
28-32-13w Barber
Job Ticket: 18633 **DST#: 1**
Test Start: 2011.09.11 @ 19:54:00

Gas Rates Information

Temperature: 59 (deg F)
Relative Density: 0.65
Z Factor: 0.8

Gas Rates Table

Flow Period	Elapsed Time	Choke (inches)	Pressure (psia)	Gas Rate (Mcf/d)
2	10	0.25	3.40	5.39
2	20	0.25	5.10	8.09
2	30	0.25	7.20	11.42
2	40	0.25	7.60	12.06

Serial #: 8419

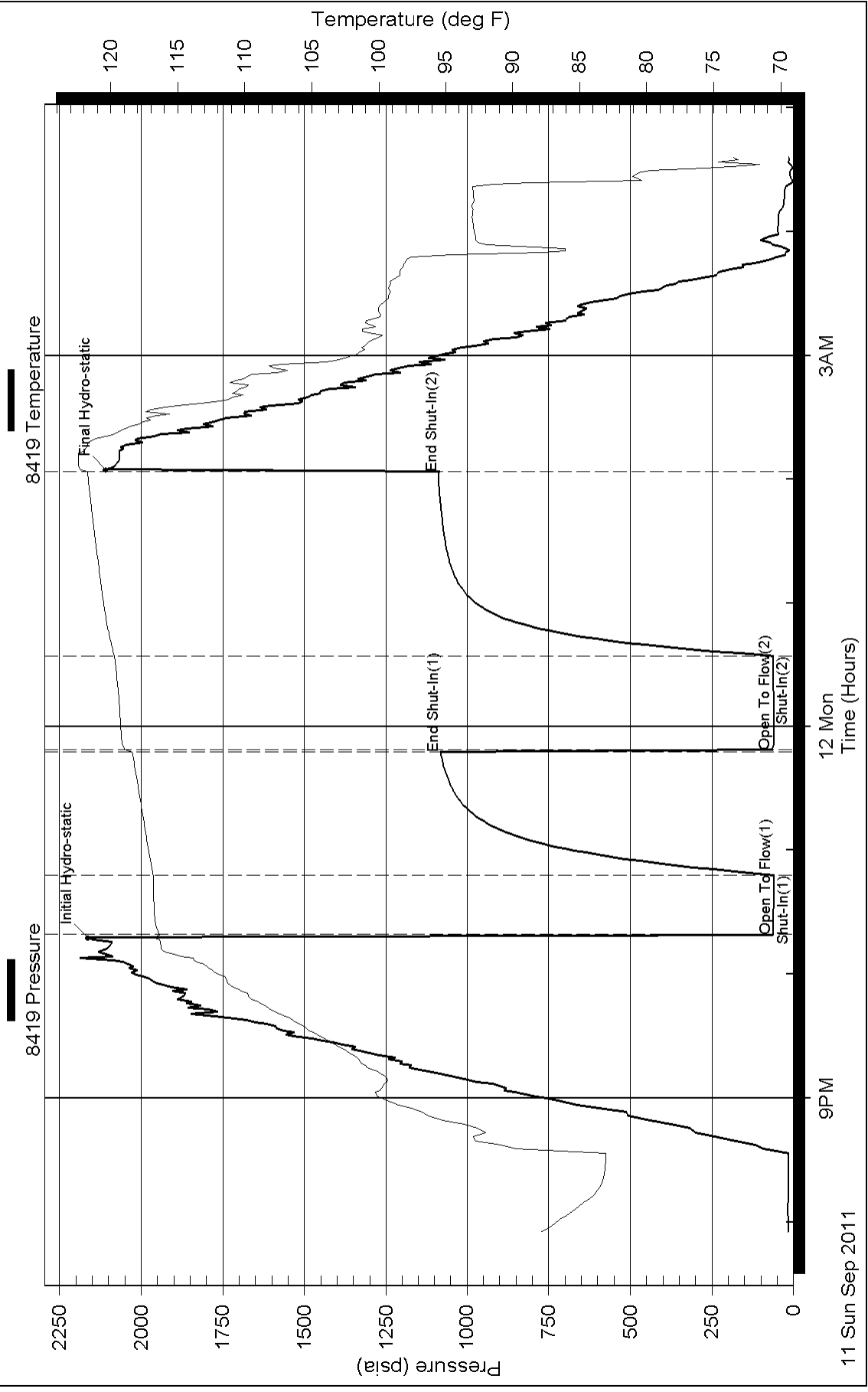
Inside

LB Exploration Inc

28-32-13w Barber

DST Test Number: 1

Pressure vs. Time



Pressure vs. Time

