



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: _____



1075105

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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Downing-Nelson Oil Co Inc
Well Name	Melvin Jennings 1-4
Doc ID	1075105

All Electric Logs Run

Micro
Sonic
Dual Induction
Compendsyrf Porosity

Form	ACO1 - Well Completion
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Well Name	Melvin Jennings 1-4
Doc ID	1075105

Tops

Name	Top	Datum
Top Anhydrite	1421'	+817
Base Anhydrite	1449'	+789
Heebner	3742'	-1504
LKC	3788'	-1550
BKC	4085'	-1847
Fort Scott	4263'	-2025
Cherokee Shale	4276'	-2038
Mississippi	4345'	-2107
Gilmore City	4415'	-2177



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Dow ning-Nelson Oil Co Inc

4-20s-20w-Pawnee

Po Box 1019
Hays Ks 67601

Melvin Jennings 1-4

ATTN: Ron Nelson

Job Ticket: 46391

DST#: 1

Test Start: 2012.02.07 @ 17:05:38

GENERAL INFORMATION:

Formation: **Miss**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 19:02:08

Time Test Ended: 00:45:38

Test Type: Conventional Straddle (Initial)

Tester: Jeff Brown

Unit No: 44

Interval: 4348.00 ft (KB) To 4359.00 ft (KB) (TVD)

Total Depth: 4457.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 2139.00 ft (KB)

2131.00 ft (CF)

KB to GR/CF: 8.00 ft

Serial #: 8321 Inside

Press @ Run Depth: 145.85 psig @ 4350.00 ft (KB)

Start Date: 2012.02.07

End Date:

2012.02.08

Start Time: 17:05:39

End Time:

00:45:38

Capacity: 8000.00 psig

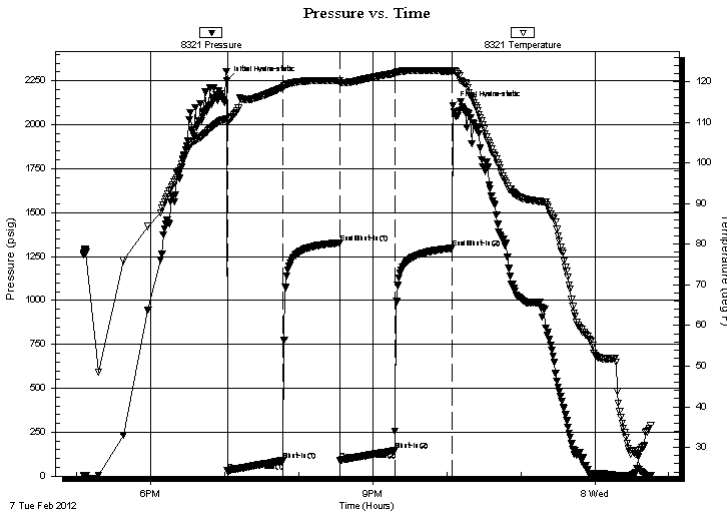
Last Calib.: 2012.02.08

Time On Btm: 2012.02.07 @ 19:01:38

Time Off Btm: 2012.02.07 @ 22:05:08

TEST COMMENT: IFP-Good blow BOB in 32 1/2 min
ISI-Dead no blow back
FFP-Good blow BOB in 38 min
FSI-Dead no blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2248.07	110.81	Initial Hydro-static
1	29.09	109.58	Open To Flow (1)
46	87.92	118.58	Shut-In(1)
92	1327.44	120.17	End Shut-In(1)
92	91.51	119.73	Open To Flow (2)
136	145.85	122.01	Shut-In(2)
183	1296.88	122.54	End Shut-In(2)
184	2109.71	122.75	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
243.00	MW 10%M90%W	3.13
20.00	WM 20%W80%M	0.28

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Dow ning-Nelson Oil Co Inc

4-20s-20w-Pawnee

Po Box 1019
Hays Ks 67601

Melvin Jennings 1-4

Job Ticket: 46391

DST#: 1

ATTN: Ron Nelson

Test Start: 2012.02.07 @ 17:05:38

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: 60.00 sec/qt

Cushion Volume:

bbf

Water Loss: 7.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3500.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
243.00	MW 10%M90%W	3.126
20.00	WM 20%W80%M	0.281

Total Length: 263.00 ft

Total Volume: 3.407 bbf

Num Fluid Samples: 0

Num Gas Bombs: 0

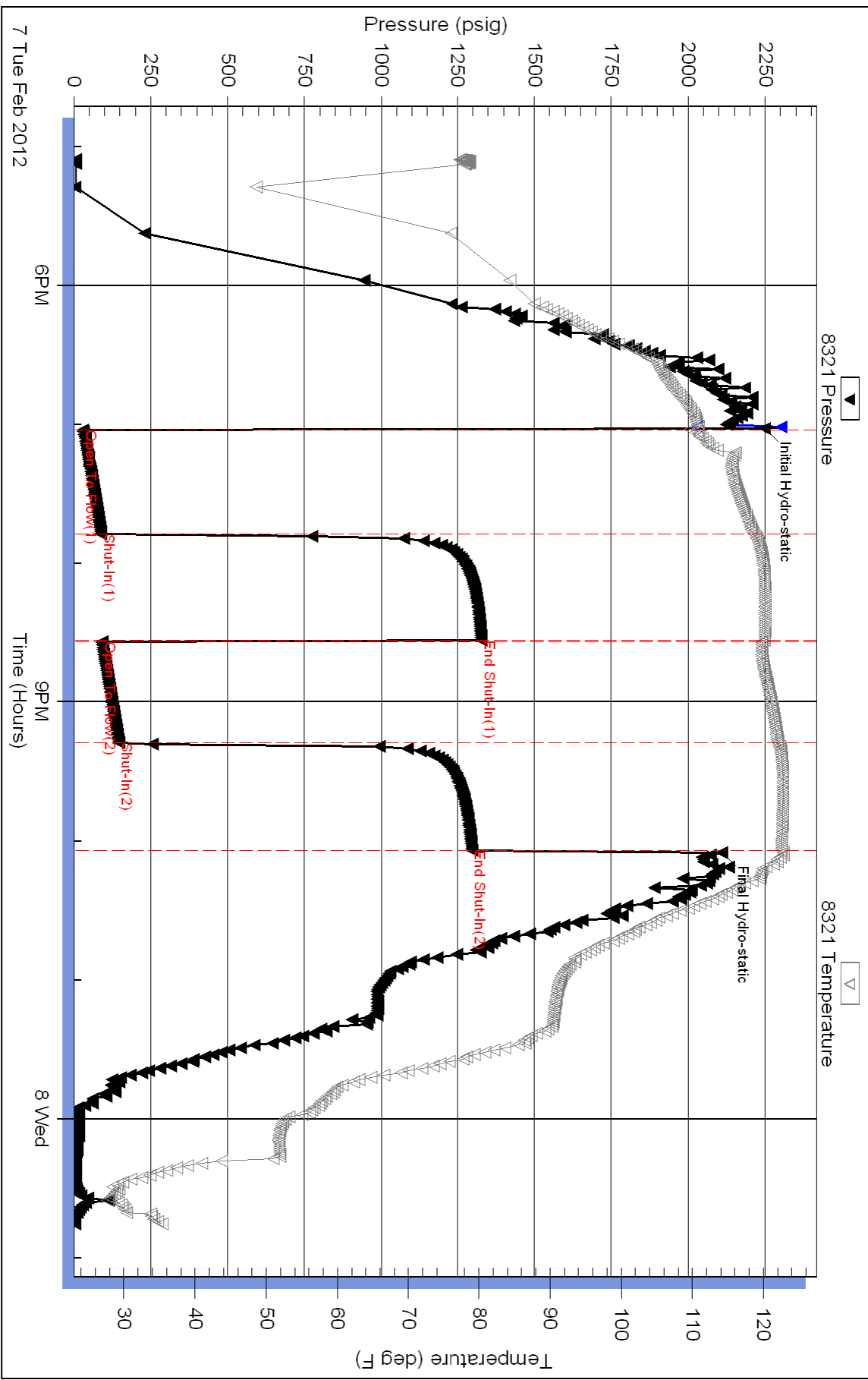
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time

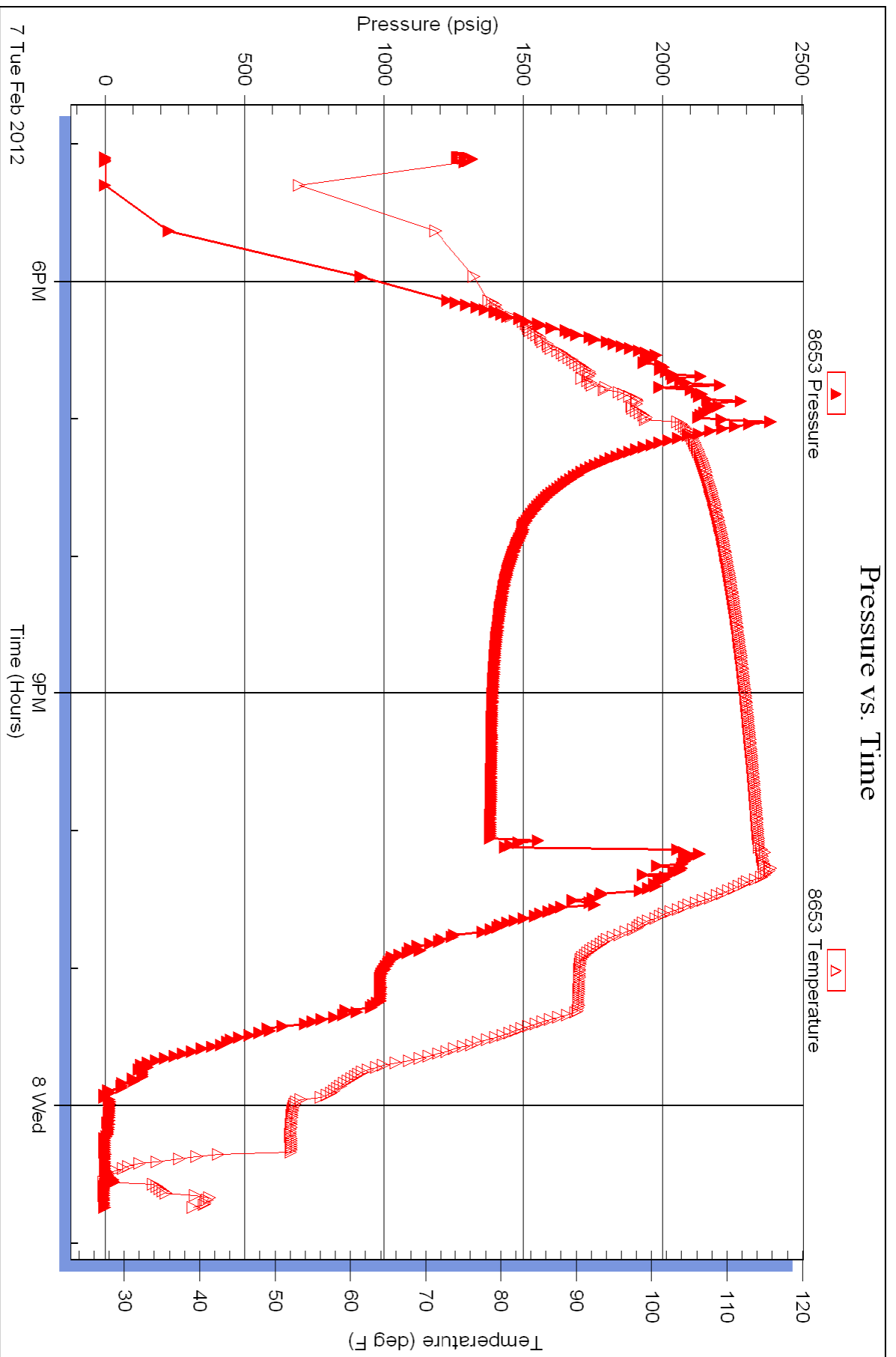


Serial #: 8653

Below (Stratton)ng-Nelson Oil Co Inc

Melvin Jennings 1-4

DST Test Number: 1



ALLIED CEMENTING CO., LLC. 042428

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Great Bend

DATE 2-8-12	SEC. 4	TWP. 20	RANGE 20	CALLED OUT	ON LOCATION	JOB START 7:30 am	JOB FINISH 8:30 am
LEASE Melvin Jennings	WELL # 1-4	LOCATION 1/2 S of Alexander 1/2 E,			COUNTY Pawnee	STATE KS	
OLD OR <u>NEW</u> (Circle one)			S into				

CONTRACTOR Discovery #4
 TYPE OF JOB Rotary Plug
 HOLE SIZE ~~8 5/8~~ 7 7/8 T.D. ~~527~~ 4456
 CASING SIZE 8 5/8 DEPTH 521
 TUBING SIZE DEPTH
 DRILL PIPE 4 1/2 DEPTH 1470
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. All
 PERFS.
 DISPLACEMENT Freshwater / Rig Mud

OWNER Downing-Nelson
 CEMENT
 AMOUNT ORDERED 220 sacks
 60/40 4% gel

COMMON	135	@	16.25	2,193. ⁷⁵
POZMIX	90	@	8.50	765. ⁰⁰
GEL	5	@	21.25	106. ²⁵
CHLORIDE		@		
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	230	@	2.25	517. ⁵⁰
MILEAGE	230 x 40			1012. ⁰⁰

TOTAL 4,594.⁵⁰

REMARKS:

Arrived on Locations, checked for Safety Hazards,
 Rigged up. 1st Plug mix 8 bbls, 2nd Plug
 mix 8 bbls, 3rd Plug mix 8 bbls, 4th Plug
 mix 3.19 bbls, Rat hole mix 5 bbls, Monse
 Hole mix 3 bbls, Rig down and leave
 location

SERVICE

DEPTH OF JOB	1470			
PUMP TRUCK CHARGE				1250. ⁰⁰
EXTRA FOOTAGE		@		
MILEAGE	Hum 80	@	7.00	560. ⁰⁰
MANIFOLD		@		
	Hum 80	@	4.00	320. ⁰⁰
		@		

TOTAL 2130.⁰⁰

CHARGE TO: Downing-Nelson
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

wooden Plug		@	92.00	92. ⁰⁰
		@		
		@		
		@		