



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: _____



1076361

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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#1-7

PELICAN HILL OIL & GAS
 Nelson Ranch 1-7 2130⁶ KB
 N/A 2122⁰ G.L.
 981' FSL 2156' FWC SURVEYED
 7 115 2100
 FREGO RS KB
 INTEGRITY #7 274
 1-20-12 3786
 3782 3787 MICRO-FRAC
 3100 CHEM d. Rt.

3100 TD
 3100 TD
 ANN. E-LOGS

Chris A. Bean

TOPORA	3164	
HOR	3375	3376 (-1246)
TOR	3398	3403 (-1273)
LANSING.	3411	3416 (-1286)
HUGH SH.	3635	3638 (-1508)
BKC	3649	3654 (-1524)
MARAC, PAY	3724	3722 (-1492)
RFD	3782	3787 (-1457)



ALLIED CEMENTING CO., LLC. 034547

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Russell KS

DATE <i>1-19-2012</i>	SEC <i>7</i>	TWP <i>11s</i>	RANGE <i>21w</i>	CALLED OUT	ON LOCATION	JOB START <i>11:00pm</i>	JOB FINISH <i>11:30pm</i>
LEASE <i>Nelson</i>	WELL # <i>1-7</i>	LOCATION <i>Riga I-70 Exit N. to</i>			COUNTY <i>Trego</i>	STATE <i>KANSAS</i>	
OLD OR NEW (Circle one) <i>NEW</i>				<i>Co. Like W 1 S E 1/4</i>			

CONTRACTOR <i>INTREGRITY DRILL RIG #7</i>	OWNER
TYPE OF JOB <i>Production/Strat</i>	
HOLE SIZE <i>7 7/8</i>	T.D. <i>3786'</i>
CASING SIZE <i>5 1/2 New</i>	DEPTH <i>3786-3786'</i>
TUBING SIZE <i>15.50" Reg</i>	DEPTH <i>3786'</i>
PIPE PORT Collar <i>10</i>	DEPTH <i>1615'</i>
TOOL LATCH <i>Down Plug</i>	DEPTH <i>3765'</i>
PRES. MAX <i>2,000 #</i>	MINIMUM
MEAS. LINE	SHOE JOINT <i>21'</i>
CEMENT LEFT IN CSG. <i>21'</i>	
PERFS:	
DISPLACEMENT <i>29.40 / BBL</i>	

EQUIPMENT	
PUMP TRUCK	CEMENTER <i>Glen</i>
# <i>417</i>	HELPER <i>Woody</i>
BULK TRUCK	
# <i>378</i>	DRIVER <i>ROBERT</i>
BULK TRUCK	
#	DRIVER

CEMENT	AMOUNT ORDERED	<i>205 sx Comm 29 gel</i>
	<i>2 GAL KCL</i>	<i>10% SALT</i>
	<i>500 GAL WFR-2 flush</i>	<i>20 BBL KCL</i>
COMMON <i>205 SX @</i>	<i>@ 16.25</i>	<i>3331.25</i>
POZMIX	<i>@</i>	
GEL	<i>4 SX @ @ 21.25</i>	<i>85.00</i>
CHLORIDE	<i>@</i>	
ASC	<i>@</i>	
<i>500 GAL WFR-2 flush</i>	<i>@ 1.27</i>	<i>635.00</i>
<i>2 GAL - KCL @ PER GAL</i>	<i>@ 31.25</i>	<i>62.50</i>
<i>Salt 11 SX @</i>	<i>@ 23.95</i>	<i>263.45</i>
HANDLING <i>205 SX</i>	<i>@ 2.25</i>	<i>461.25</i>
MILEAGE <i>40 TX Mile</i>	<i>@ 11#</i>	<i>440.00</i>
		TOTAL <i>5740.45</i>

REMARKS: *PORT Collar on #53 (1615)*
Run 5 1/2 CSG. 15.50" Set @ 3786'
Recirculate, Drop float shoe ball.
Continue to circulate for approx 2 1/4 HR
Pump: mod flush, 4 20 BBL KCL MIX
175 SX Com, 22 gal 10% salt down line
Release LATCH DN Plug, & Dis place TO
Bottom. LAND @ 2800 #. Release
Pressure & Plug (Held) / MARKS
30 SX @ Rathole.

DEPTH OF JOB <i>3775'</i>	
PUMP TRUCK CHARGE	<i>2285.00</i>
EXTRA FOOTAGE	<i>@</i>
MILEAGE <i>40 HV ME</i>	<i>@ 2.00 280.00</i>
MANIFOLD	<i>@</i>
<i>40 LV MT</i>	<i>@ 4.00 160.00</i>

CHARGE TO: *Pelican Hill Oil & Gas Inc.*
 STREET _____
 CITY _____ STATE _____ ZIP _____

I.R. INDUSTRIAL RUBBER
 Weatherers
 PLUG & FLOAT EQUIPMENT

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cement and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

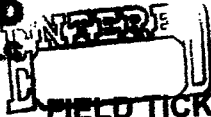
W	<i>40 Recip. SCRATCHERS 15x53</i>	<i>2120.00</i>
WF	<i>Float Shoe</i>	<i>@ 381.00 381.00</i>
IR	<i>LATCH Down Plug Assy</i>	<i>@ 194.00 194.00</i>
W	<i>B-Centralizers</i>	<i>@ 34.00 272.00</i>
W	<i>3-BASKETS</i>	<i>@ 236.00 708.00</i>
IR	<i>1-Port Collar</i>	<i>@ 1820.00 1820.00</i>
		TOTAL <i>5495.00</i>

PRINTED NAME *Steven L. DeYoung*
 SIGNATURE *[Signature]*

SALES TAX (If Any) _____
 TOTAL CHARGES *13900.45*
 DISCOUNT *20/50* IF PAID IN 30 DAYS



CONSOLIDATED
Oil Well Services, LLC



FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 33794
LOCATION Oakley 45
FOREMAN Miles Shaw
Fuzzy McCullick

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

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-13-12	4352	Melson 1-7	7	115	21W	Trego 45
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pelican Hill Oil & Gas			403	Josh G		
MAILING ADDRESS			439	Cory D		
CITY						
STATE						
ZIP CODE						

Proga
MIN
2W
151W
15
E+W
Info

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 278 CASING SIZE & WEIGHT 8 5/8 23#
 CASING DEPTH 276 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.2 WATER gal/sk _____ CEMENT LEFT in CASING 15'
 DISPLACEMENT 16 1/2 bbls DISPLACEMENT PSI _____ MIX PSI 150 RATE 5 BPM

REMARKS: Safety meeting on Integrity Pkg
Rig up Circ casing mix 170 Sls cement 38 gal 28 gal
Displace 16 1/2 bbls water Cement did Circulate
Shut in

Thank you Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S		PUMP CHARGE	1085.00	1085.00
5406	40	MILEAGE	5.00	200.00
1104S	170 Sls	Class A Cement	17.65	3000.50
1102	480 #	Calcium Chloride	.89	427.20
1118B	320 #	Bentonite	.25	80.00
5407A	7.99	Ton Mileage delivery	1.67	533.73
			Subtotal	5326.43
			less 10% discount	532.64
			Subtotal	4793.79
			SALES TAX	214.67
			ESTIMATED TOTAL	5008.46

247130

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