



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: _____



1076383

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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ZEMAN #3

CHRIS A. BEAN
 CONSULTING PETROLEUM GEOLOGIST
 1234 W. 113TH ST. S.
 LAWRENCE, KS 66044
 TEL: 619-7931 L.D.CANES@ATT.NET

GEOLOGIST'S REPORT
 DRILLING TIME AND SAMPLE LOG

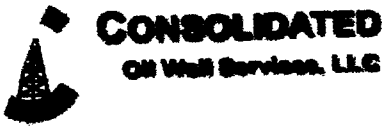
COMPANY PELICAN HILL O&G, INC.
 LEASE ZEMAN #3
 FIELD GAGELMAN SOUTH
 LOCATION NW SE NE/4
 SEC 22 TWP 11 RGE 22
 COUNTY TREGG STATE KANSAS
 CONTRACTOR INTEGRITY #7R16
 SPUD 1-23-2012 COMP
 RTD 3945.2 LTD 3946.0
 MUD UP 3200 TYPE MUD CHEMICAL

ELEVATIONS
 KB 2313.6
 DE
 DI 2305.0
 Measurements Are All
 From KB
 CASING
 SURFACE 269 85/8
 PRODUCTION 5 1/2" TD
 ELECTRICAL SURVEYS
 MICRO FRAC
 DIL - CNCD.

SAMPLES SAVED FROM _____ TO _____
 DRILLING TIME KEPT FROM 3000 TO TD
 SAMPLES EXAMINED FROM 3175 TO TD
 GEOLOGICAL SUPERVISION FROM ANH. TO TD.
 GEOLOGIST ON WELL CHRIS A. BEAN.

FORMATION TOPS	LOG	SAMPLES
ANHYDRITE	1779-1534	1777
BASE	1822	1822
TOPEKA	3343(-1029)	3344
HEEBNER	3555(-1241)	3551
TORONTO	3578(-1264)	3574
LANSING	3593(-1279)	3589
B/KC	3821(-1507)	3818
PARMATTAN	3907(-1593)	3906

REMARKS



J Box 884, Chanute, KS 66720
20-431-9210 or 800-467-8676

Zeman #3

TICKET NUMBER 33828
LOCATION Oakley
FOREMAN Fuzzy
Walt Ainkel

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
1-30-12	6352	Zeman #3	22	11s	22w	Trego												
CUSTOMER Pelican Hill Oil & Gas			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>463</td> <td>Cory D</td> <td></td> <td></td> </tr> <tr> <td>439</td> <td>Bobby S</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	463	Cory D			439	Bobby S		
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JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 3945 CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH 3941 DRILL PIPE _____ TUBING _____ OTHER P-Collar @ 1790'
 SLURRY WEIGHT 14.7 SLURRY VOL 1.42 WATER gal/sk 6.9 CEMENT LEFT in CASING 42.20
 DISPLACEMENT 92.7 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Integrity #7. Rig up and circulate 1 hr.
Pump 5 bbl water 50 gal flush, 20 bbl KCL water. Mix 30 sacks in BH
Mix 175 sacks OWC 5* Kelsal. Wash pump and lines. Drop plug and
displace to latchdown. 950' lift 1400' land. float held

Thanks Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 P	1	PUMP CHARGE	2950.00	2950.00
5406	40	MILEAGE	5.00	200.00
5407A	9.64 ton	Tow Mileage Delivery	167	643.92
1126	205 SRS	OWC	22.53	4622.75
110A	1025*	Kel-sal	56	574.00
1215	2501	KCL	35.20	7140
1144 G	500 gal	mod Flush	1.00	500.00
4159	1	5 1/2" AFU Flood shoe	413.00	413.00
4454	1	5 1/2" Latchdown Assy	303.00	303.00
4130	8	5 1/2" Centralizers	58.00	464.00
4104	2	5 1/2" Baskets	276.00	552.00
4285	1	5 1/2" Port Collar (W)	2075.00	2075.00
4314	40	5 1/2" recip scrapers	78.00	3120.00
		subtotal		16489.10
		less 10% Disc		16489.10
				14840.19
		247537	SALES TAX	776.94
			ESTIMATED	
			TOTAL	15617.13

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.

ALLIED CEMENTING CO., LLC. 035218

Federal Tax I.D.# 20-5975804

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
RUSSELL KS

JE <u>1-24-12</u>	SEC. <u>22</u>	TWP. <u>11 S</u>	RANGE <u>22 W</u>	CALLED OUT	ON LOCATION	JOB START <u>2 AM</u>	JOB FINISH <u>2:30 AM</u>
ZEBMAN LEASE				WELL # <u>3</u>	LOCATION <u>OGALLALA KS. NORTH ON ROAD 330</u>	COUNTY <u>TREGO</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<u>TO Rd d-w 250 FT S/W INTO (CATTLE GUARD)</u>			

CONTRACTOR INTEGRITY #7 OWNER _____

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. _____

CASING SIZE 8 7/8 DEPTH 265 FT

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15 FT

PERFS. _____

DISPLACEMENT 15.92 bbl

CEMENT AMOUNT ORDERED	<u>170 SK</u>	<u>3% CC</u>	<u>2% GEL</u>
COMMON	<u>170</u>	@ <u>16.25</u>	<u>2762.50</u>
POZMIX	<u>3</u>	@	
GEL	<u>3</u>	@ <u>21.25</u>	<u>63.75</u>
CHLORIDE	<u>6</u>	@ <u>58.20</u>	<u>349.20</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>179</u>	@ <u>2.25</u>	<u>402.75</u>
MILEAGE	<u>58 x 179 x .11</u>		<u>1142.02</u>
TOTAL			<u>4720.22</u>

EQUIPMENT

PUMP TRUCK # 409 CEMENTER Bob Smith HELPER Todd

BULK TRUCK # 378 DRIVER Robert

BULK TRUCK # _____ DRIVER _____

REMARKS:

pumped 170 SK 3% CC 2% GEL = 39.96 bbl

CEMENT CIRCULATED TO SURFACE

SERVICE

DEPTH OF JOB	<u>265 FT</u>
PUMP TRUCK CHARGE	<u>1125.00</u>
EXTRA FOOTAGE	@
MILEAGE	<u>H 58 @ 7.00 = 406.00</u>
MANIFOLD	@
<u>Edv m. 58 @ 4.00 = 232.00</u>	
	@

TOTAL 1763.00

CHARGE TO: PELICAN HILL

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	