



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: _____



1078722

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)* _____

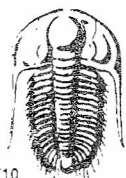
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD 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	JAG Operations, Inc.
Well Name	Haines 1
Doc ID	1078722

All Electric Logs Run

Dual Induction
Microresistivity
Dual Compensated Porosity
Borehole Compensated Sonic



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

RECEIVED

Test Ticket

NO. 10710

410

BY: _____

Well Name & No. Haines #1 Test No. 1 Date 2-11-12
 Company JAG Operations INC Elevation 1881 KB 1371 GL
 Address PO Box 623 Russell KS 67665
 Co. Rep / Geo. Mike Bair Rig Southwind #2
 Location: Sec. 25 Twp. 13S Rge. 15W Co. Russell State KS

Interval Tested 3017-3095 Zone Tested Lansing - A-B-C
 Anchor Length 78 Drill Pipe Run 3014 Mud Wt. 9.0
 Top Packer Depth 3012 Drill Collars Run 0 Vis 49
 Bottom Packer Depth 3017 Wt. Pipe Run 0 WL 80
 Total Depth 3095 Chlorides 31000 ppm System LCM 2#

Flow Description AP - Good Blow BOB IN 11 min
IX - Dead No Blow Back
AP - Fair Blow Built to 9 1/2 IN
IX - Dead No Blow Back

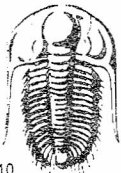
Feet	Feet of	%gas	%oil	%water	%mud
<u>43</u>	<u>Wm</u>			<u>45%</u>	<u>55%</u>
<u>33</u>	<u>com with a seam of oil</u>	<u>5%</u>			<u>95%</u>
	<u>70 coil</u>				

Feet Total 146 BHT 39 Gravity _____ API RW 342 @ 469 °F Chlorides 31,000 ppm

Initial Hydrostatic <u>1448</u>	<input checked="" type="checkbox"/> Test <u>1125</u>	T-On Location <u>13:29</u>
First Initial Flow <u>26</u>	<input checked="" type="checkbox"/> Jars <u>250</u>	T-Started <u>17:23</u>
First Final Flow <u>401</u>	<input checked="" type="checkbox"/> Safety Joint <u>78</u>	T-Open <u>15:56</u>
Initial Shut-In <u>354</u>	<input type="checkbox"/> Circ Sub _____	T-Pulled <u>18:56</u>
Second Initial Flow <u>65</u>	<input type="checkbox"/> Hourly Standby _____	T-Out <u>21:11</u>
Second Final Flow <u>93</u>	<input checked="" type="checkbox"/> Mileage <u>44 RT 6100</u>	Comments _____
Final Shut-In <u>357</u>	<input type="checkbox"/> Sampler _____	
Final Hydrostatic <u>1433</u>	<input type="checkbox"/> Straddle _____	<input type="checkbox"/> Ruined Shale Packer _____
	<input type="checkbox"/> Shale Packer _____	<input type="checkbox"/> Ruined Packer _____
Initial Open <u>45</u>	<input type="checkbox"/> Extra Packer _____	<input type="checkbox"/> Extra Copies _____
Initial Shut-In <u>45</u>	<input type="checkbox"/> Extra Recorder _____	Sub Total <u>0</u>
Final Flow <u>45</u>	<input type="checkbox"/> Day Standby _____	Total <u>1511.60</u>
Final Shut-In <u>45</u>	<input type="checkbox"/> Accessibility _____	MP/DST Disc't _____
	Sub Total <u>1511.60</u>	

Approved By _____ Our Representative Jeff Brown

TriLOBITE Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

RECEIVED

Test Ticket

NO. 3339

Well Name & No. Haines #1 BY: _____ Test No. 2 Date 2-12-12
 Company JAG Operations INC Elevation 1831 KB 1371 GL _____
 Address PO Box 628 Russell KS 67765
 Co. Rep / Geo. Mike Bair Rig Southwind #2
 Location: Sec. 25 Twp. 13S Rge. 15W Co. Russell State KS

Interval Tested 3246-3317 Zone Tested ARBuckle
 Anchor Length 51 Drill Pipe Run 3249 Mud Wt. 9.0
 Top Packer Depth 3241 Drill Collars Run 0 Vis 45
 Bottom Packer Depth 3246 Wt. Pipe Run 0 WL 83
 Total Depth 3317 Chlorides 3800 ppm System LCM 2#

Flow Description IFF-Strong Blow Bob in 3 1/2 min
ISE-Dead No Blow Back
IFF-Strong Blow Bob in 3 min
ISE-Dead No Blow Back

Feet	Feet of	%gas	%oil	%water	%mud
<u>252</u>	<u>USOC MW</u>	<u>2</u>	<u>83</u>	<u>15</u>	
<u>411</u>	<u>GMCWO</u>	<u>10</u>	<u>50</u>	<u>25</u>	<u>15</u>
<u>522</u>	<u>COMCO</u>	<u>10</u>	<u>70</u>		<u>15</u>
<u>55</u>	<u>GASSY oil</u>	<u>10</u>	<u>90</u>		

Feet Total 1270 BHT 100 Gravity 31 API RW 469 @ 49.2 °F Chlorides 21.000 ppm

Initial Hydrostatic 1590 Test 1125' T-On Location 23:54
 First Initial Flow 46 Jars 255 T-Started 00:53
 First Final Flow 352 Safety Joint 75' T-Open 3:20
 Initial Shut-In 1026 Circ Sub _____ T-Pulled 6:20
 Second Initial Flow 378 Hourly Standby 1 hr 105 T-Out 9:53
 Second Final Flow 546 Mileage 44 RT 101.60 Comments _____
 Final Shut-In 1058 Sampler _____
 Final Hydrostatic 1578 Straddle _____
 Shale Packer _____
 Extra Packer _____
 Extra Recorder _____
 Day Standby 1 day @ 14.75

Initial Open 45 Ruined Shale Packer _____
 Initial Shut-In 45 Ruined Packer _____
 Final Flow 45 Extra Copies _____
 Final Shut-In 45 Accessibility _____
 Sub Total 1611.60 Sub Total 491.80
 Total 2103.40 MP/DST Disc't _____

Approved By _____ Our Representative Jeff Brown

TriLOBITE Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

5421

Home Office 324 Simpson St., Pratt, KS 67124

Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	2-7-12	Sec.	25	Twp.	13	Range	15	County	Russell	State	KS	On Location		Finish	2:30 am
Lease	Haines	Well No.	1	Location	Russell KS 5W 1/4 N 1/2 W Sinto										
Contractor	Southwind Drilling				Owner										
Type Job	Surface				To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.										
Hole Size	12 1/4				T.D.	222									
Csg.	8 5/8				Depth	221.73									
Tbg. Size					Depth										
Tool					Depth										
Cement Left in Csg.	15ft				Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.									
Meas Line					Displace	13.16									
					Cement Amount Ordered	150 com 3%CC 2%Gel									
EQUIPMENT															
Pumptrk	No.	8		David		Common 150									
Bulktrk	No.	9		mice		Poz. Mix									
Bulktrk	No.					Gel. 3									
Pickup	No.					Calcium 5									
JOB SERVICES & REMARKS															
Rat Hole	Hulls														
Mouse Hole	Salt														
Centralizers	Flowseal														
Baskets	Kol-Seal														
D/V or Port Collar	Mud CLR 48														
	CFL-117 or CD110 CAF 38														
	Sand														
	Handling 158														
	Mileage 10														
Est Circulation with mud pump															
FLOAT EQUIPMENT															
	Guide Shoe														
mixed 150 sx & disp with 13.16 bbl H2O.															
	Centralizer														
	Baskets														
	AFU Inserts														
Cement Did circulate to surface															
	Float Shoe														
	Latch Down														
	Pumptrk Charge Surface														
	Mileage 10														
Tax															
Discount															
Total Charge															
X Signature <i>William Sanders</i>															

Thanks!!

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

5438

Home Office 324 Simpson St., Pratt, KS 67124

Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	2-14-12	Sec.	25	Twp.	13	Range	15	County	Russell	State	KS	On Location		Finish	1:00pm
Lease	Haines	Well No.	1		Location 5 W of Russell / N 1/4 W S into										
Contractor	Southwind #2				Owner										
Type Job	Long String				To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.										
Hole Size	7 7/8		T.D.		3390										
Csg.	5 1/2		Depth		3388										
Tbg. Size			Depth		Charge To										
Tool			Depth		kg operations										
Cement Left in Csg.	25'		Shoe Joint		25'										
Meas Line			Displace		80.00										
EQUIPMENT											The above was done to satisfaction and supervision of owner agent or contractor.				
											Cement Amount Ordered 400sx MDC - 21st 1st stage				
											125sx com 10% salt 5% Gilsnite 2% Gel				
Pumptrk	No.	8		David		Common 365									
Bulktrk	No.	5		Neal		Poz. Mix 160									
Bulktrk	No.	7		Sean		Gel. 9									
Pickup	No.					Calcium 9									
JOB SERVICES & REMARKS											Hulls				
Rat Hole	30 sx				Salt 11										
Mouse Hole	15 sx				Flowseal										
Centralizers					Kol-Seal 12										
Baskets					Mud CLR 48										
D/V or Port Collar					CFL-117 or CD110 CAF 38										
Ran 82 Jts of 5 1/2 casing @ landing jt											Sand				
											Handling				
											Mileage 10				
Est Circulation and circulated for 1 hr											FLOAT EQUIPMENT				
											Guide Shoe AFU 1-5 1/2				
											Centralizer 8 turbolizers				
Plugged Rat hole and mouse hole											Baskets 3 5 1/2 baskets				
											AFU Inserts				
Hooked up to casing and mixed 400sx of MDC and tailed in with 125sx com 10% salt 5% Gil 2% Gel knocked off and washed pump											Float Shoe				
Clean - Hooked up - Released plug and Disp 80 bbl H2O - plug landed @ 1500psi - Released - Float held!!											Latch Down 1-5 1/2 plug & plate				
Cement did circulate to surface											Pumptrk Charge Long string				
X Signature William Sanders											Mileage 10				
											Tax				
											Discount				
											Total Charge				

ALLIED CEMENTING CO., LLC. 034631

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
RUSSELL

DATE <u>3-2-12</u>	SEC. <u>22</u>	TWP. <u>13^S</u>	RANGE <u>15^W</u>	CALLED OUT	ON LOCATION	JOB START <u>3:30 PM</u>	JOB FINISH <u>4 PM</u>
HAINES LEASE	WELL # <u>1</u>	LOCATION <u>RUSSELL KS Hwy 40 & BALTA Rd</u>			COUNTY <u>RUSSELL</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>1.25 NORTH - $\frac{1}{2}$ WEST - SOUTH INTO</u>					

CONTRACTOR W.O.
 TYPE OF JOB Squeeze
 HOLE SIZE 7 $\frac{1}{8}$ T.D.
 CASING SIZE 5 $\frac{1}{2}$ DEPTH
 TUBING SIZE 2 $\frac{3}{8}$ DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 62 FT
 PERFS. 3311 TO 3314
 DISPLACEMENT 20.35 bbl

OWNER
 CEMENT
 AMOUNT ORDERED 150 SK A

EQUIPMENT
 PUMP TRUCK CEMENTER Bob S + Woody
 # 409 HELPER TONY
 BULK TRUCK
 # 378 DRIVER ROBERT
 BULK TRUCK
 # DRIVER

COMMON 150 (35) @ 16.25 568.75
 POZMIX @
 GEL @
 CHLORIDE 5 @ -
 ASC @ -
 SAND 2 @ -
 @
 @
 @
 RE STOCKING PEG 115 @ 200⁰⁰ -
 @
 @
 HANDLING 157 @ 2.25 353.25
 MILEAGE 5x157x.11 86.35
 TOTAL 1008.35

REMARKS:

INJECTION TEST 1 bbl/min @ 1750 PSI
CMT Pumped 35 SK = 7.35 bbl
2.35 bbl of cmt in the formation
2.35 bbl = 11.25 SK
5/2 casing 62 Ft of cmt = 1.51 SK = 7.18 SK
500# back side 30 min
2500# down the tubing 30 min

SERVICE

DEPTH OF JOB 3314
 PUMP TRUCK CHARGE 1050⁰⁰
 EXTRA FOOTAGE @
 MILEAGE H 5 @ 70⁰⁰ 35⁰⁰
 MANIFOLD Squeeze 1 @ 250⁰⁰ 250⁰⁰
Ldv -m 5 @ 40⁰⁰ 200⁰⁰
 @

CHARGE TO: JAG OPERATING
 STREET
 CITY STATE ZIP

TOTAL 1355⁰⁰

PLUG & FLOAT EQUIPMENT

@
 @
 @
 @
 @
 TOTAL 0

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer 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.

SALES TAX (IF Any) 47.20
 TOTAL CHARGES 2363.35
 DISCOUNT 20/50 IF PAID IN 30 DAYS
515.07

PRINTED NAME
 SIGNATURE