



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: _____



1079644

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	---	--

AMERICAN
 REFINATIVE PETROLEUM DEVELOPMENT
 547 W. 12th St.
 WASK, OK 74797
 818-618-2111

GEOLOGIST'S REPORT
 DRILLING TIME AND SAMPLE LOG

COMPANY PERICORN HALL OIL & GAS INC.
 LEASE NELSON RANCH 7-9
 FIELD STRATON NE
 LOCATION SE NW NE NE
 SEC 9 TWP 11E R 21W
 COUNTY TREGG STA KANSAS
 CONTRACTOR INTEGRITY #7
 SPUD 3-5-12 COMP 3-10-12
 RTD 3724.6 LFD 3726.0
 MUD UP 3000 TYPE MUD CHEM
 SAMPLES SAVED FROM N/A
 DRILLING TIME KEPT FROM 3050
 SAMPLES EXAMINED FROM 3075
 GEOLOGICAL SUPERVISION FROM ANHYDRITE
 GEOLOGIST ON WELL Ch. Allen Ben

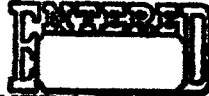
ELEVATIONS
 KB 2098.6
 PL 2090
 SURFACE 8 7/8" 2778.0
 PRODUCTION TD
 MICRO-FRACULONIC
 DIL. OIL/DOL

FORMATION TOPS	LOG	SAMPLES
ANHYDRITE (SC)	1550 + 548 - 547	1551
BASE ANHYDRITE (SC)	1601 + 497 + 496	1602
TOPEKA LIM	3124 (-1020) (-1022)	3120
HEERDEN Shale	3332 (-1234) (-123)	3329
Toronto Group	3352 (-1257) (-1253)	3351
Lansing Group	3370 (-1272) (-1271)	3369
Marathon Group	3623 (-1525) (-1522)	3620
Marysville Chart	3664 (-1566) (-1566)	3664
Ashtabula Group	3670 (-1592) (-1590)	3694
TD		
K.B./K.C. 3610	3610 (-1512) (-1511)	3609

NELSON RANCH
 PERMANENT
 1500
 1 2 3 4 5678910
 5678910



CONSOLIDATED
Oil Well Services, LLC



TICKET NUMBER 33894
LOCATION Oakley, KS
FOREMAN Walt Dunkel

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
3-10-12	6352	Nelson 7-9	9	113	21W	Trego	
CUSTOMER Pelican Hill Oil & Gas			Rige 10N W15	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				463	Josh Gудdlo		
CITY				439	Cory Davis		
STATE				466-7129	Wes Flink		
ZIP CODE							

JOB TYPE Prod-DY HOLE SIZE 7 7/8 HOLE DEPTH 3807' CASING SIZE & WEIGHT 5 1/2 - 15.5 #
CASING DEPTH 3807 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.7-12.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 21'
DISPLACEMENT 90.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE 6 BPM

REMARKS: Safety Meeting, sig up on Integrity, Dls, & cure, casing on bottom
Pump 500 gal Mud Flush, 20 BBL KCl, mixed 175 sks OWC, 5# Kalsol, clear
Pump + Lines, release Plug + Displace 50 BBL water + 41 BBL mud @ 800#
landed Plug @ 1300#, release pressure, float held, open DV Tool, cure 3 hrs.
Pumped 500 gal mud flush, mixed 30 sks in Rite + 32.5 sks down
Casing, clear Pump + Lines, Displace 37 3/4 BBL H2O @ 400#, landed
Plug @ 1700#, released Pressure, Tool Held

Cement Did Cure.

Thank You
Walt Dunkel

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401P	1	PUMP CHARGE	2,700 ⁰⁰	2,700 ⁰⁰
5406	40	MILEAGE	5 ⁰⁰	200 ⁰⁰
1126	175 SKS	OWC	22 ⁵⁵	3946 ²⁵
1131	355 SKS	60/40 per	15 ¹⁰	5380 ⁵⁰
11813	2440 #	Bentonite	125	610 ⁰⁰
1110A	875 #	Kalsol	156	490 ⁰⁰
1107	89 #	Flo-Seal	282	250 ⁹⁸
1144 BG	1000 gal	Mud Flush	1 ⁰⁰	1000 ⁰⁰
1142A	2 gal	KCl	3910	7820 ⁰⁰
4159	1	AFU Float Shoe	413 ⁰⁰	413 ⁰⁰
4130	10	Centralizers	58 ⁰⁰	580 ⁰⁰
4104	3	Baskets	276 ⁰⁰	828 ⁰⁰
4314	40	reciprocating Sectors	78 ⁰⁰	3120 ⁰⁰
4283	1	DV Tool w/ Latchdown	3850 ⁰⁰	3850 ⁰⁰
5407A		Tom. Mileage Delivery	187	1,569 ²⁰
				24,996 ¹³
		Less 10% Dis.		- 2,499 ⁰¹
				22,496 ³²
				1,256 ²⁵
				23752 ⁷⁷
		248339	SALES TAX	
			ESTIMATED	
			TOTAL	

Ravin 9737

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.