



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: _____



1079689

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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Pelican Hill Oil & Gas, Inc.

11s 21w

Nelson # 2-7

7

Wildcat

1442' FSL & 1500' FEL

Marm & LKC

7

11s

21w

2123

Trego

2114

Kansas

KB

3150

TD

3050

TD

3150

TD

3050

PHOG

Integrity, Rig #7

4-2-12

Marc Downing
Superior

4 5/8" @ 270'

5 1/2" @ 3840'

CAL/CAL

3841'

DIL

3844'

MEL

Semic - Free Finder

Top Anhydrite
Base Anhydrite

1590

1590

+543

+1

1630

1631

+492

-3

Tapoka
HEEBNER
Toronto
LKC
BKC
Marmaton
Arbuckle

3166

3166

-1043

-6

3373

3377

-1254

-8

3395

3397

-1274

-2

3411

3414

-1291

-5

3653

3656

-1533

-4

3713

3716

-1593

-3

3774

3777

-1654

Not Reached

PHOG

Nelson # 1-7

991' FSL & 2106' FUL

Sec. 7-11s-21w

ALLIED CEMENTING CO., LLC. 035371

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67663

SERVICE POINT: Duck Key, KS

DATE <u>4/10/12</u>	SEC. <u>7</u>	TWP. <u>11</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION	JOB START <u>6:30am</u>	JOB FINISH <u>7:30pm</u>
LEASE <u>Nelson</u>	WELL # <u>2-7</u>	LOCATION <u>Duck Key W 70 Rd. 2 E 1 W</u>				COUNTY <u>Wagoner</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)		<u>E. N. into.</u>					

CONTRACTOR J.N. Torgerty 7
 TYPE OF JOB Production
 HOLE SIZE 2 1/8 T.D.
 CASING SIZE 5 1/8 DEPTH 3841
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL Port Collar DEPTH 1039 5/8 - UB
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 22.04
 CEMENT LEFT IN CSG. 22.04
 PERFS.
 DISPLACEMENT

OWNER Suma
 CEMENT
 AMOUNT ORDERED 210 SKS ASC 1070600
2 7/8 gal
500 GAL WFR II, 2 gal Blc-Pro
 COMMON @
 POZMIX @
 GEL 4 SKS @ 21.25 85.00
 CHLORIDE @
 ASC 210 SKS @ 19.00 3990.00
 Salt 20 SKS @ 23.25 465.00
 WFR II 500 gal @ 1.22 610.00
 Blc-Pro 2 gal @ 31.25 62.50
 HANDLING 250 SKS @ 2.25 562.50
 MILEAGE 114 SK/mile @ 1.35 153.90
 TOTAL 6768.90

EQUIPMENT

PUMP TRUCK CEMENTER Alan
 # 421 HELPER Wayne
 BULK TRUCK
 # 404 DRIVER Adam
 BULK TRUCK
 # DRIVER

REMARKS:

Area, Circularity, Max WFR II - 500 gal, Pump
2.0 40L RCL Ho. 10 x 20 1/2 in. H. 10' 10" salt
max 100 SKS, Asc 10' 10" salt 2 7/8 gal down 5 1/8
Wash Tank - 10 gal, Displace Pump w/
40L Ho. 10' 10" salt 2 7/8 gal, Wash Plug
2 2000 PST.

Thank You
Alan, Wayne, Adam

SERVICE

DEPTH OF JOB 3841
 PUMP TRUCK CHARGE 2225.00
 EXTRA FOOTAGE @
 MILEAGE 40 @ 7.00 280.00
 MANIFOLD - Head @ 2.00 80.00
Like Vehicle 40 @ 4.00 160.00
 TOTAL 2865.00

PLUG & FLOAT EQUIPMENT

SH W
Acia Scratcher 40 @ 47.00 1880.00
Port Collar 1 @ 2600.00 2600.00
Acia Bits 2 @ 337.00 674.00
Centralizers 7 @ 49.00 343.00
BEH Float Shoe @ 349.00 349.00
Catch Over Assembly @ 277.00 277.00
 TOTAL 6123.00

CHARGE TO: Pelican Hill
 STREET _____
 CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., L.L.C.
 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.

PRINTED NAME _____
 SIGNATURE Wael Bilal

SALES TAX (if Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS