



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: _____



1080046

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				

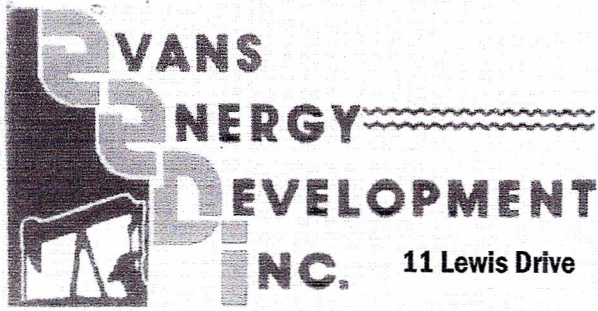
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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: _____ _____
---	---	--



EVANS
ENERGY
DEVELOPMENT
INC.

11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Circle E Investments

Kent Nunemaker #1

API #15-103-21,319

December 30, 2011 - January 4, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
60	sandstone	60
12	lime	72
7	shale	79
13	lime	92
22	shale	114
5	lime	119
34	shale	153
61	lime	214
21	shale	235
4	lime	239
18	shale	257
2	lime	259
2	shale	261
8	lime	269
21	shale	290
13	lime	303
51	shale	354
25	lime	379 base of the Kansas City
178	shale	557
12	lime	569
10	shale	579
6	lime	585
28	shale	613
12	lime	625
30	shale	655
2	broken sand	657
1	oil sand	658
0.5	limey sand	658.5
1.5	oil sand	660
2	broken sand	662
5	silty shale	667
19	shale	686
5	grey sand	691
21	shale	712
1	coal	713
17	shale	730
2	grey sand	732
4	white sand	736

4	silty shale	740
20	shale	760

Drilled a 10" hole to 64'

Drilled a 5 5/8" hole to 760'

Set 64' of 7" surface casing cemented by Consolidated Oil Services.

Set 728.7' of 2 7/8" threaded and coupled 8 round upset tubing with 3 centralizers, 1 float shoe, and 1 clamp.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
656		36
657		40
658		39
659		17
660		20
661		24
662		26
663		29
664		25
665		26
666		29
667		31
668		32
669		36
670		31
671		32
672		34
673		33
674		42
675		33



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36777

LOCATION Ortawg

FOREMAN Alan Mader

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
12-30-11	1862	K Numemaker #1	Suc 27	12	20	LV
CUSTOMER <u>Circle E</u>						
MAILING ADDRESS <u>3820 W 32nd</u>						
CITY <u>Hoeland Park</u>	STATE <u>KS</u>	ZIP CODE <u>66705</u>				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>516</u>	<u>Alan M</u>	<u>394</u>	<u>Meed</u>
			<u>368</u>	<u>Arlen M</u>	<u>AM</u>	
			<u>370</u>	<u>Gary M</u>	<u>GM</u>	
			<u>548</u>	<u>Keith D</u>	<u>KD</u>	

JOB TYPE Surface HOLE SIZE 9 1/2 HOLE DEPTH 64 CASING SIZE & WEIGHT 7"
 CASING DEPTH 64 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING Yes
 DISPLACEMENT 2.6 DISPLACEMENT PSI 100 MIX PSI _____ RATE 4 1/2 bpm

REMARKS: Held crew meeting, Acted as mud pump while drilling
last 3', Mixed & pumped 100# gel to clean hole.
Pulled steel out & ran 7" casing, Mixed & pumped 35.5k
50/50 cement plus 29 gel & 1/2 flo seal per sack. Mixed with
water & 50# calcium. Circulated cement. Displaced casing
with 2 1/2 bbl clean water. Closed valve.

Evans Energy, Ken
Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54019	1	PUMP CHARGE		825.00
5406	—	MILEAGE		—
5402	64'	casing footage		—
5407	1/2 min	ten miles		175.00
5502C	2	80vac		180.00
1124	35	50/50 cement		383.25
1118B	159#	gel		33.39
1107	18#	flo seal		47.30
1102	30#	calcium		37.00
				246829
				7-3
			SALES TAX	36.21
			ESTIMATED TOTAL	1712.15

RAVIN 3737
 AUTHORIZATION No company rep TITLE _____ DATE _____
Jim OK'd

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



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36797
LOCATION Ottawa KS
FOREMAN Fred Madu

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
11/4/12	1862	Nume-maker #1	14th SW 27	12	20	LV
CUSTOMER Circle E Investments LLC.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 3820 W 52nd			506	FREMAJ	Safety	MAJ
CITY Roeland Park	STATE KS	ZIP CODE 66205	475	HARBEC	HAB	
			370	ARLMO	ARM	
			503	RYASIN	RS	
JOB TYPE <u>Long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>760</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>			
CASING DEPTH <u>728</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Plug</u>			
DISPLACEMENT <u>4.23 BBL</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>5BPM</u>			

REMARKS: Establish pump rate. Mix & Pump 100# Premium Gel Flush.
Mix & Pump 50/50 Poz Mix Cement 270 Gal. Cement
to surface. Flush pump & lines clean. Displace 2 1/2" Rubber
plug to casing TD w/ 4.23 BBL Fresh water. Pressure to
800# PSI. Release pressure to set float valve. Shut in
casing.

Evans Energy Prod Inc.

Fred Madu

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	35 mi	MILEAGE	455	140 ⁰⁰
5402	728	Casing footage		N/C
5407	Minimum	Ton Miles	503	350 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck		180 ⁰⁰
1124	120 SKS	50/50 Poz Mix Cement		1314 ⁰⁰
1118B	302#	Premium Gel		634 ⁴²
4402	1	2 1/2" Rubber plug		28 ⁰⁰
			7.3%	SALES TAX
				ESTIMATED TOTAL
				102 ⁵⁹
				3208 ⁰¹

246904

Flavin 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