



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: _____



1080059

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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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36898

LOCATION D. Hawg

FOREMAN Alan Made

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-26-12	1862	John Vogel Trust #2	SW 27	12	20	LV
CUSTOMER Circle E			TRUCK# DRIVER TRUCK# DRIVER			
MAILING ADDRESS 3820 W 52nd			516	Alan M	Safety	Meat
CITY STATE ZIP CODE Roeland Park KS 66205			368	Arden M	AKM	
			305/7106	Kestnd	KD	
			548	Ryan S	RS	

JOB TYPE Surface HOLE SIZE 11 HOLE DEPTH 61 CASING SIZE & WEIGHT 7"
 CASING DEPTH 61' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 2.5 DISPLACEMENT PSI 100 MIX PSI - RATE 47 bpm

REMARKS: Established rate. Mixed + pumped 50 sk Portland A plus 2% gel, 2% calcium, 1% flo seal per sack. Circulated cements. Displaced casing with clean water. Closed well.

McGown, Frank

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		825.00
5406	35	MILEAGE		140.00
5402	61	casing footage		
5407	min	ten miles		350.00
5501L	3 hr	transport (includes refilling pits)		336.00
11049	30	Portland A		747.50
1118B	94#	gel		19.74
1107	25#	flo seal		58.75
1102	94#	calcium		69.56
<u>247487</u>				
SALES TAX				65.38
ESTIMATED TOTAL				2611.93

Form 3797

No company rep

AUTHORIZATION Jim OK 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.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36906

LOCATION Ottawa

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
130-12	1862	John Vogel Trust #2	SW 27	12	20	LV
CUSTOMER <u>Circle E Investment</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>3820 W 52nd</u>			<u>516</u>	<u>Alan M</u>	<u>Safety</u>	<u>Meet</u>
CITY <u>Roeland Park</u>			<u>368</u>	<u>Artem</u>	<u>AM</u>	
STATE <u>KS</u>	ZIP CODE <u>66205</u>		<u>369</u>	<u>Derek M</u>	<u>DM</u>	
			<u>503</u>	<u>Daniel G</u>	<u>DG</u>	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 770' CASING SIZE & WEIGHT 2 1/8
 CASING DEPTH 758 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4.4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46 bpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 100% gel followed by 1 1/2 sk 50 150 cement plus 2% gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

McGown, Frank

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	35	MILEAGE		140.00
5402	758	casing footage		
5407	1/2 min	ton miles		175.00
15502C	1	80 wge		90.00
1124	114	50150 cement		1248.30
1118B	292#	gel		61.32
4402	1	2 1/2 plug		28.00
<u>247562</u>				
SALES TAX				97.88
ESTIMATED TOTAL				2890.27

Rev'n 8787 NO COMPANY REP

AUTHORIZATION Jim Ok'd 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.

McGown Drilling, Inc.
Mound City, Kansas

Operator:
Circle E Investments
Roeland Park, Kansas

John Vogel Trust #2
Leavenworth County, Kansas
27-12S-20E
API # 15-103-21337

Spud Date:	1/26/2012	Surface Bit:	11"
Surface Casing:	7"	Drill Bit:	5.875"
Surface Length:	60.60'	Longstring:	758.05'
Surface Cement:	Cemented by Consolidated	Longstring Date:	1/30/2012
		Longstring Size:	2 7/8 EUE

Driller's Log

Top	Bottom	Formation	Comments
0	12	Soil & silt	
12	50	Sand	
50	68	Lime	
68	88	Shale	
88	104	Lime	
104	138	Shale	
138	143	Lime	
143	159	Shale	
159	204	Lime	
204	226	Shale	
226	234	Lime	
234	250	Shale	
250	262	Lime	
262	281	Shale	
281	370	Lime	
370	374	Bl. Shale & Shale	
374	383	Lime	
383	500	Big Shale	
500	506	Lime	
506	548	Shale	
548	553	Lime	
553	569	Shale & Bl. Shale	
569	574	Lime	
574	588	Shale	
588	590	Lime	

John Vogel Trust #2
Leavenworth Co., KS

590	604	Shale	
604	613	Lime	
613	647	Shale	
647	649	Sand	Good oil show
649	651	Broken Sand	Fair oil show
651	697	Shale	
697	700	Sand	Trace of oil
700	770	Shale	
770	TD		

Coring

Run	Footage	Recovery
1	648-668	20'

Mud

Mixed 58 sx gel and 2 sx lignite to set surface.