



Confidentiality Requested:

Yes No

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

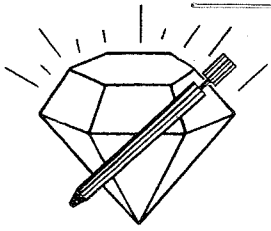
Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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DIAMOND TESTING

P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
STC 30035.D0142

Company Knighton Oil Company, Inc. Lease & Well No. Carolyn No. 4
Elevation 2886 EGL Formation Lansing "G" Effective Pay -- Ft. Ticket No. S0142
Date 5-4-12 Sec. 33 Twp. 18S Range 30W County Lane State Kansas
Test Approved By David D. Montague Diamond Representative Jacob McCallie

Formation Test No. 1 Interval Tested from 4,122 ft. to 4,152 ft. Total Depth 4,152 ft.
Packer Depth 4,117 ft. Size 6 3/4 in. Packer Depth -- ft. Size -- in.
Packer Depth 4,122 ft. Size 6 3/4 in. Packer Depth -- ft. Size -- in.
Depth of Selective Zone Set -- ft.

Top Recorder Depth (Inside) 4,103 ft. Recorder Number 30035 Cap. 10,000 psi
Bottom Recorder Depth (Outside) 4,149 ft. Recorder Number 3851 Cap. 5,700 psi
Below Straddle Recorder Depth -- ft. Recorder Number -- Cap. -- psi

Drilling Contractor WW Drilling, LLC - Rig 10 Drill Collar Length 121 ft. I.D. 2 1/4 in.
Mud Type Chemical Viscosity 51 Weight Pipe Length -- ft. I.D. -- in.
Weight 8.9 Water Loss 6.4 cc. Drill Pipe Length 3,968 ft. I.D. 3 1/2 in.
Chlorides 2,000 P.P.M. Test Tool Length 33 ft. Tool Size 3 1/2 - IF in.
Jars: Make Sterling Serial Number 3 Anchor Length 30 ft. Size 4 1/2 - FH in.
Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.
Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2 - XH in.

Blow: 1st Open: Weak, surface blow building to 1/2 in. in 30 mins. No blow back during shut-in.
2nd Open: No blow. No build. No blow back during shut-in.

Recovered 10 ft. of oily mud = .049200 bbls. (Grind out: 40%-oil; 60%-mud)

Recovered -- ft. of

Recovered -- ft. of

Recovered -- ft. of

Recovered -- ft. of

Remarks Tool Sample Grind Out: 20%-oil; 80%-mud

Time Set Packer(s) 10:26 P.M. Time Started Off Bottom 12:26 A.M. Maximum Temperature 119°
Initial Hydrostatic Pressure (A) 1962 P.S.I.
Initial Flow Period Minutes 30 (B) 7 P.S.I. to (C) 14 P.S.I.
Initial Closed In Period Minutes 30 (D) 724 P.S.I.
Final Flow Period Minutes 30 (E) 15 P.S.I. to (F) 20 P.S.I.
Final Closed In Period Minutes 30 (G) 715 P.S.I.
Final Hydrostatic Pressure (H) 1961 P.S.I.

Diamond Testing

General Information

Company Name Knighton Oil Co. Inc.

Contact
 Well Name Earl Knighton
 Unique Well ID Carolyn #4
 Surface Location DST #1 Lansing "G" 4122-4152
 Well License Number SEC 33-18S-30W Lane County
 Field Goering
 Well Type Vertical

Test Type Drill Stem Test
 Formation DST #1 Lansing "G" 4122-4152
 Well Fluid Type 01 Oil
 Start Test Date 2012/05/04
 Final Test Date 2012/05/05
 Gauge Name 30035
 Gauge Serial Number

Start Test Time 20:11:00
 Final Test Time 02:38:00

Job Number S0142
 Representative Jacob McCallie
 Well Operator Knighton Oil Co. Inc.
 Report Date 2012/05/05
 Prepared By Jacob McCallie

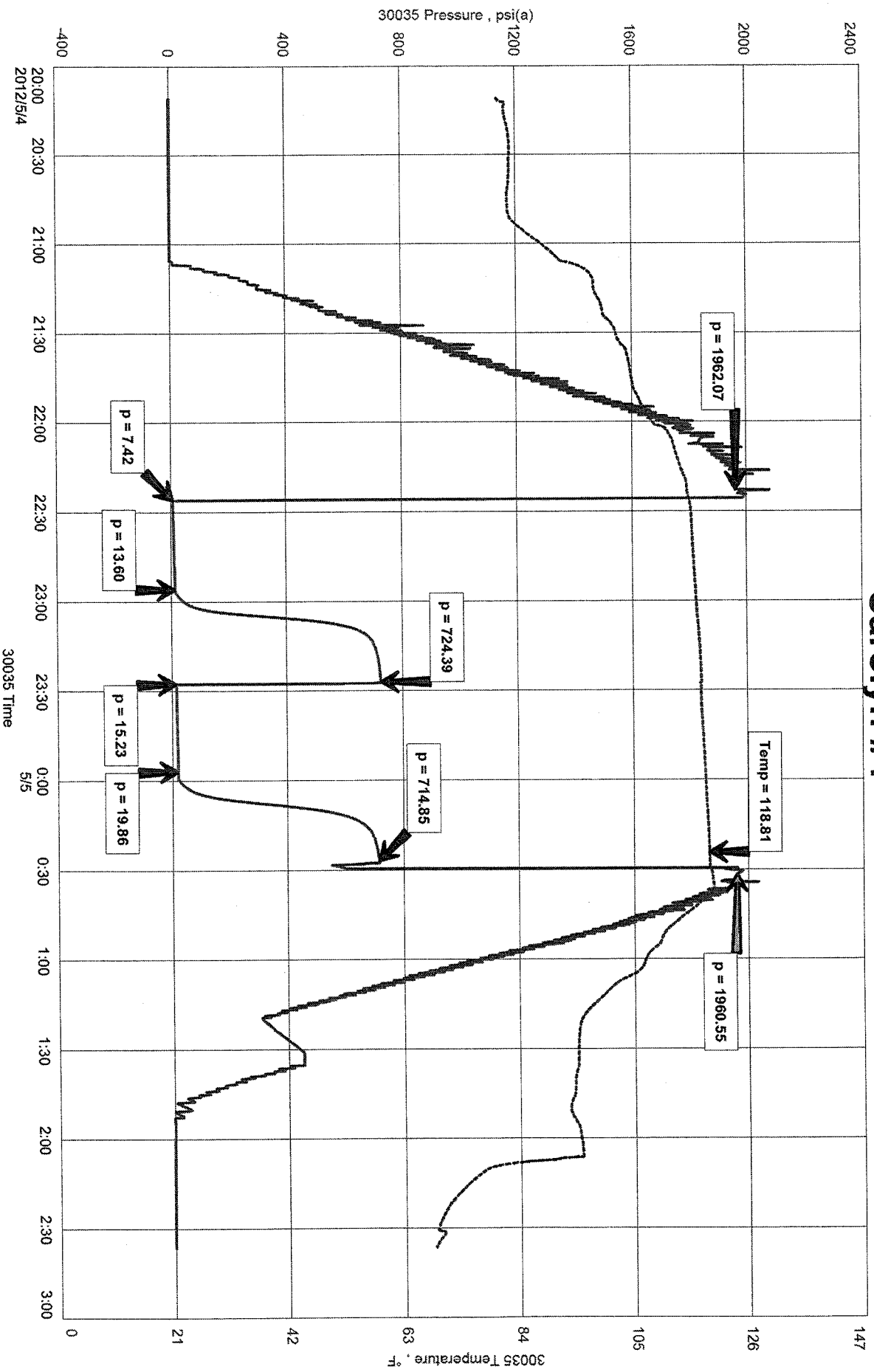
Test Results

RECOVERED:
 10' Oily Mud
 10' TOTAL FLUID
 40% OIL 60% MUD
 TOOL SAMPLE:
 20% OIL 80% OIL

Knighthon Oil Co. Inc.
 DST #1 Lansing "G" 4122-4152
 Start Test Date: 2012/05/04
 Final Test Date: 2012/05/05

Carolyn #4

Carolyn #4
 Formation: DST #1 Lansing "G" 4122-4152
 Pool: In Field
 Job Number: S0142



DATE 1 ON TEST 30C RGE 581 WML 33 SEC 4 Carolyn No. 4 ON WELL AND SEV1 LEASE AND COMPANY, Inc. Knighthon Oil Company, Inc. ANPMPWOC

Summary of Changes

Lease Name and Number: Carolyn 4

API/Permit #: 15-101-22359-00-00

Doc ID: 1082196

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	05/22/2012	05/23/2012
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1082154	../..kcc/detail/operatorEditDetail.cfm?docID=1082196

Summary of Attachments

Lease Name and Number: Carolyn 4

API: 15-101-22359-00-00

Doc ID: 1082196

Correction Number: 1

Attachment Name



CONFIDENTIAL

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: _____



1082154

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				

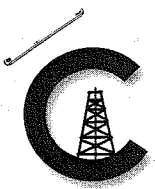
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 249501

=====
Invoice Date: 04/30/2012 Terms: 10/10/30,n/30 Page 1

KNIGHTON OIL CO
BUILDING 100 SUITE A
1700 N. WATERFRONT PARKWAY
WICHITA KS 67206
(316)264-7918

CAROLYN #4 - *Cement Surface casing*
34444
30-18-30
04-30-2012 *IBC*
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	170.00	17.6500	3000.50
1102	CALCIUM CHLORIDE (50#)	480.00	.8900	427.20
1118B	PREMIUM GEL / BENTONITE	320.00	.2500	80.00

Sublet Performed	Description	Total
9999-130	CASH DISCOUNT	-350.77
9999-130	CASH DISCOUNT	-181.94

Description	Hours	Unit Price	Total
399 CEMENT PUMP (SURFACE)	1.00	1085.00	1085.00
399 EQUIPMENT MILEAGE (ONE WAY)	40.00	5.00	200.00
460 TON MILEAGE DELIVERY	1.00	534.40	534.40

Amount Due 5548.08 if paid after 05/30/2012

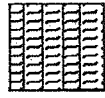
Parts:	3507.70	Freight:	.00	Tax:	198.88	AR	4993.27
Labor:	.00	Misc:	.00	Total:	4993.27		
Sublt:	-532.71	Supplies:	.00	Change:	.00		

Signed _____ Date _____

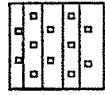
HOURS

2 1/2

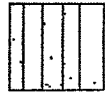
LEGEND



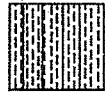
Anhydrite



Salt



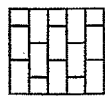
Sandstone



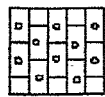
Shale



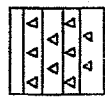
Carb. sh



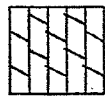
Limestone



Dol. Lime



Chert



Dolomite

SCALE " = 100'

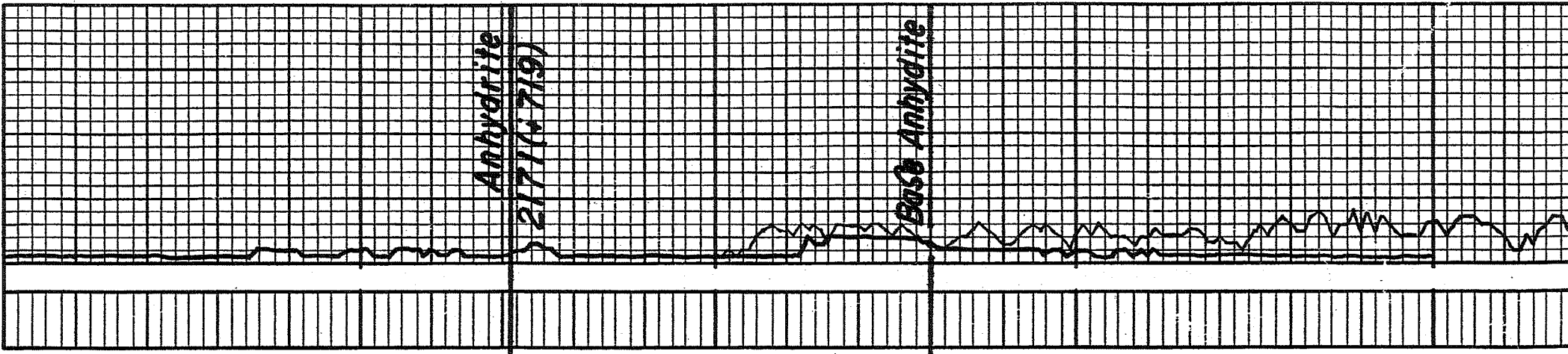
MON T01-7

DEPTH	SAMPLE DESCRIPTION	REMARKS
2100		
50		
2200		Mud up e 3544e
50		
3800		

DRILLING TIME

In Minutes

0 5 10 15 20



3800

50

ls, tan, con, fm xln

ls, tan, con, med xln,
sh, in pt
sh, blk (carb)

sh, green, waxy in pt

ls, tan, con, fm-xln

sh, blk, sh, sh

ls, con, tan, fm xln
and w/oss & in pt

ls, con, blk, fm xln
cherty, chalky

sh, gray, fr blk

ls, sh, fm xln, pr press
very chalky, fr coal w/
press & in

ls, tan, con, fm-xln, dus
cherty, blk, fresh, fr blk A

sh, blk (carb) w/ ls, gray argil
sh, con

ls, gray, fm-med xln
some argil w/ sh, con, con

ls, fr xln, con, press w/ fr
ool w/ car. & the show

ls, tan, con, fm xln, dus

ls, con, blk, fm xln, very
chalky in pt

ls, con, buff, fm-xln xln
chalky in pt

sh, gray, gray-gra w/ ls
tan, blk, tan-med xln,
sh, blk, w/ fr red sh

ls, gray, blk, med xln
foss, no show w/ ls, con
fm xln, cherty
sh, blk, gray, fr red

3900

Heebner

3900(-1010)

50

Lansing

3946(-1056)

4000

50

1/15 Sh, B. 9 wt

1/15 Sh, B. 9 wt

50

1/2 grey, lt grey, med xln
foss no show w/ls, con
for xln, cherty
sh, dk grey, tc red

vis 5lb, 8.9 wt

4100

1/2 con, fa xln, med w/
gd conc, no show
1/2 grey, lt grey, con, sh - fa -
med xln, dms

DST No. 1, 4122-4152
30 30-30-30
Dec 10' Oily Mud
SIP 724-715
FP 7-14:15-20
HP 1962-1961

sh, grey, blk w/loc. red
w/ls grey, buff, fa xln, cherty
1/2 con, buff, fa xln
cherty
sh, blk, green

Morgan Mud ✓
vis 51, 8.9 wt, 6.4 wt
CWI 2000 ppm

50

1/2 grey, med-crs xln, argil
in pt, ptly shaly
15" circ, 1/2, wh, lt grey, fa
xln, 5/8 vppp, pr vssy
5fo, sh. odor

22 Stand Short Trip
SHT 1°
Strap 1.79' Short to board

30" circ, Adv., 5/8 vssfo
1/2 con, fa xln
sh, red, barn, grey w/ls
med, hd

4200

1/2 con, wh, fa xln, sh.
foss
1/2, lt grey, wh, fa xln
foss in pt, pr vssy
1/2 con, buff, fa xln
cherty in pt, med ppp
1/2, lt grey, wh, fa xln, cherty

Stark shale
4234(1344)

vis 52, 9.0 wt

1/2 tan, grey, fa-med xln
foss in pt, pr vssy
in pt

50

1/2 grey, lt grey, buff, fa xln
cherty in pt, med ppp
1/2, lt grey, wh, fa xln, cherty
sh, blk (carb)
1/2, grey, tan, dms, cherty
sh, barn-red
1/2, lt grey, con, fa-med xln
some oil, very cemented, no show
1/2, lt grey, grey, con, fa xln
dms

Hushpuckney
4272(1382)

CRS

1/2, lt grey, dms w/chart
grey, fresh

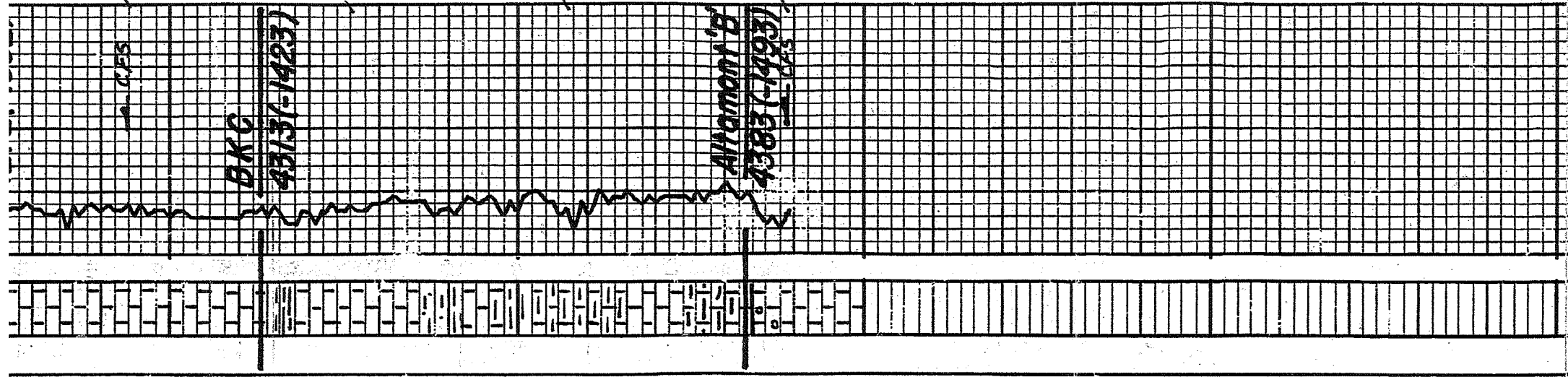
sh, blk (carb) some red
grey
1/2 con, fa xln, ptly sh
pr vis, no show
1/2, lt grey, grey, fa-med xln
dms

Morgan ✓
vis 45, 9.1 wt, 7.2 wt
CWI 2200 ppm

4300

1/2, lt grey, grey, fa-med
xln, dms w/chart, grey
fresh
sh, grey, grey, red w/grey
argil
1/2, ()

OKG
4313(1423)



100 FPS

BKG

93131-14231

Attachment B

43831-14931

100 FPS

4300

50

4400

50

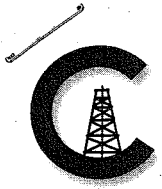
4500

<p>15, tan, fa Xln, pthly shly pr visib, no showl 15, lt grey, qtz, fa-med Xln dms</p> <p>15, lt grey, qtz, fa-med Xln, dms w/ chert, grey freshe</p> <p>shy grey, qua, red w/ qtz 20, 15</p> <p>15, tan, fa, fa-med-cr Xln sh-foss in pt, hd</p> <p>15, grey, fa-med Xln w/ sh, qtz, qtz w/ siltstone</p> <p>qm-gry</p> <p>15, tan, barn, med Xln, dms</p> <p>15, qm-gry, med Xln, blk kg, dms</p> <p>w/ls, grey, arg, soft in pt</p> <p>sh, qtz, qtz, barn w/ siltstone</p> <p>fa, qtz, qtz w/ls, crin, mdk</p> <p>15, qtz, fa Xln, dms</p> <p>sh, qtz, bright green red</p> <p>sh, black</p> <p>crin 15 mdk, sh, red, qtz, grey w/ls, grey argil, ls, mdk, fa Xln</p> <p>crin 30 mdk</p> <p>15, tan, lt grey, sh Xln, several p's out w/ loc, no shard, ls, mdk, chert kg</p>	<p>Morgan ✓ VIS 145, 9.1 wt, 7.2 wL CMI 2200 ppm</p>
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DEPTH	SAMPLE DESCRIPTION	REMARKS
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DRILLING TIME
In Minutes

0 5 10 15 20



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 249540

Invoice Date: 05/09/2012 Terms: 10/10/30,n/30

Page 1

KNIGHTON OIL CO
BUILDING 100 SUITE A
1700 N. WATERFRON PARKWAY
WICHITA KS 67206
(316) 264-7918

CAROLYN #4
33810
30-18-30
05-06-2012
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	270.00	15.1000	4077.00
1118B	PREMIUM GEL / BENTONITE	928.00	.2500	232.00
1107	FLO-SEAL (25#)	67.50	2.8200	190.35
4432	8 5/8" WOODEN PLUG	1.00	96.0000	96.00
Sublet Performed				
9999-130	CASH DISCOUNT			-459.54
9999-130	CASH DISCOUNT			-230.06
	Description	Hours	Unit Price	Total
439	TON MILEAGE DELIVERY	1.00	775.60	775.60
463	P & A NEW WELL	1.00	1325.00	1325.00
463	EQUIPMENT MILEAGE (ONE WAY)	40.00	5.00	200.00

WELL FILE

Amount Due 7185.46 if paid after 06/08/2012

Parts:	4595.35	Freight:	.00	Tax:	260.56	AR	6466.91
Labor:	.00	Misc:	.00	Total:	6466.91		
Sublt:	-689.60	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 33810
LOCATION Oakley MS
FOREMAN Miles Shaw

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
5-6-12	4495	Carolynn #4	30	18-S	30 W	Lane
CUSTOMER Knighton oil			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE PTA HOLE SIZE 7 7/8" HOLE DEPTH 4389 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2" TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8#/sq SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: After meeting on WW Drilling #10 Rig up plus 95 ordered
1st 50 shs @ 2250'
2nd 80 shs @ 1470'
3rd 50 shs @ 720' 270 shs 60/40 puz mix with 4% gel 1/4" flo seal
4th 40 shs @ 240'
5th 20 shs @ 60'
Rat hole 30 shs

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5465N	1	PUMP CHARGE	1325. ⁰⁰	1325. ⁰⁰
5406	40	MILEAGE	5. ⁰⁰	200. ⁰⁰
5407A	11.61	Ten mileage delivery	1.67	775. ⁶⁰
1131	270 shs	60/40 puz mix	15.10	4077. ⁰⁰
1118B	928 #	Bentonite gel	.25	232. ⁰⁰
1107	67.5 #	Flo seal	2.82	190. ³⁵
4432	1	8 5/8 wooden plug	96. ⁰⁰	96. ⁰⁰
			Subtotal	6895.95
			LESS 10% discount	6206.35
			Subtotal	6206.35
			SALES TAX	260.50
			ESTIMATED TOTAL	6466.91

WELL FILE

Ravin 3737 AUTHORIZATION [Signature] TITLE 249540 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.

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

May 22, 2012

David D. Montague
Knighton Oil Company, Inc.
1700 N WATERFRONT PKY
BLDG 100 STE A
WICHITA, KS 67206

Re: ACO1
API 15-101-22359-00-00
Carolyn 4
SE/4 Sec.33-18S-30W
Lane County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
David D. Montague