



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: _____



1083162

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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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

June 04, 2012

Dustin Johnson
Union Valley Petroleum Corporation
10422 PINTO LN
ENID, OK 73701-6932

Re: ACO-1
API 15-077-21794-00-00
Jessica 1-25
SE/4 Sec.25-33S-07W
Harper County, Kansas

Dear Dustin Johnson:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 01/23/2012 and the ACO-1 was received on June 04, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department



CONSOLIDATED
Oil Well Services, LLC

#247656

TICKET NUMBER 35698

LOCATION Buile

FOREMAN Jason Bell

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
2-5-12	8221	Jessica 1-25	25	335	7W	Harper
CUSTOMER <u>Union Valley</u>						
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
			492	Jake		
			419	James W		
			518	John E		
CITY		STATE	ZIP CODE			

JOB TYPE 2.5- HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 5161 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL 1.58 WATER gal/sk 6.83 CEMENT LEFT in CASING _____
 DISPLACEMENT 118.7 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Ran 5 bbls fresh then 10 bbls mud flush then 10 bbls fresh.
Established circulation ran 135 sks class A 270 sel 270 calum 1670 ovc
6th Kolsal 1070 salt .4 phus. Dropped plug displaced to bottom.
Plug found and held dumped plug at 12:45 at 1400 psi.
Rig set stops and then ran 35 sks class A to fill rat
and mouse hole. left location @ 3AM

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	2	PUMP CHARGE		1325.00
5406	120	MILEAGE		480.00
5407A	7.52 ton	ton Mileage		1209.21
5402	5161	feetage		1135.42
1126A	135 sks	thickset	*	2592.00
1107A	80 #	Phono	*	103.20
110A	800 #	Kolsal	*	368.00
1111	600 #	Salt	*	222.00
1104S	35 sks	Class A	*	523.25
4136	18	turbolizers	*	1080.00
4203	1	5 1/2 shark shoe AFU	*	360.00
4454	1	5 1/2 Catch Down	*	254.00
4310	2	head/col kit	*	50.00
				10% discount if paid in 30 days = 1003.49
				<u>9031.39</u>
			6.3 *	SALES TAX
				ESTIMATED TOTAL
				348.80
				<u>10034.88</u>

AVIN 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.



CONSOLIDATED
Oil Well Services, LLC

277504

TICKET NUMBER 35674

LOCATION Barthesville, OK

FOREMAN Kirk Sanders

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
1-27-12	8221	Jessica #125	25	33	7	Harper
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 336.81 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 41.7' shoe joint
 DISPLACEMENT 19.8 DISPLACEMENT PSI 400 MIX PSI 300 RATE 4.5 bpm

REMARKS: Dropped ball for insert, ran 250sk of cement w/ 2% gel / 3% calcium / 25" pheno. Dropped plug & disp. 19.8 bbl to set. Shut in & washed up.

Plug down @ 10:00 @ 800' / Plug held!
Circ. 22 bbl of slurry to pit.

Safety mtg
JKS
JE

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		825 ⁰⁰
54016	90	MILEAGE		360 ⁰⁰
5407	1	Bulk Trk		400 ⁰⁰
5402	336	Footage		73 ⁹²
1102	700 [#]	Calcium	*	518 ⁰⁰
11045	250 ^{sk}	Cement (Class A)	*	3,737 ⁵⁰
1107A	80 [#]	Pheno Seal	*	103 ²⁰
1118B	500 [#]	Premium Gel	*	105 ⁰⁰
4132	1	8 5/8 Centralizer	*	69 ⁰⁰
4229	1	8 5/8 AFU Insert	*	248 ⁰⁰
4411	1	8 5/8 Rubber Plug	*	108 ⁰⁰
10% Disc. Price \$6,170 ⁰⁴				
			SALES TAX	307 ⁹⁹
			ESTIMATED TOTAL	6,855 ⁶¹

Revin 3737

AUTHORIZATION _____ TITLE _____ DATE _____

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