



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: _____



1083243

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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QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

5239

Home Office 190th US 56 HWY, Ellinwood, KS 67526

Todd's Cell 620-388-5422
Darin's Cell 785-445-2686

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	9-17-11	Sec.	11	Twp.	33	Range	13	County	Barber	State	Ks	On Location		Finish	10:30am
Lease	T Paul Maricourt			Well No.	#1			Location	Milelock W to F.P. Hills Rd						
Contractor	NINTECOH OIL							Owner	To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.						
Type Job	Surface							Charge To	LB Exploration Inc						
Hole Size	12 1/4		T.D.	430			Depth	426.70							
Csg.	370 24"		Depth												
Tbg. Size			Depth												
Tool			Depth												
Cement Left in Csg.			Shoe Joint	20			The above was done to satisfaction and supervision of owner agent or contractor.								
Meas Line			Displace	25.2356			Cement Amount Ordered	400x 60/40 Poz							
EQUIPMENT															
Pumptrk	3	No.	BRADY			Common	20								
Bulktrk	7	No.	SEAN			Poz. Mix	140								
Bulktrk		No.				Gel.	6								
Pickup		No.	TODD			Calcium	11								
JOB SERVICES & REMARKS															
Rat Hole	Salt														
Mouse Hole	Flowseal 33														
Centralizers	Kol-Seal														
Baskets	Mud CLR 48														
D/V or Port Collar	CFL-117 or CD110 CAF 38														
Run 10 #s 370 24" csg	Sand														
	Handling 367														
Mix! Pump 350 & 60/40 Poz	Mileage 15														
2 1/2" 3/8" CL 1/4" CF.	370 FLOAT EQUIPMENT														
14.7" / 90L 1.25 H3	Guide Shoe 2 hrs Waiting time												N/C		
	Centralizer 2 hrs Waiting time												500 2		
Release Waxen Plug	Baskets														
	AFU Inserts														
Drop 25.2 Bbls + box	Float Shoe														
Close Valve on Csg 250'	Latch Down														
Plug down @ 10:00	1 Waxen Plug														
Good Csg thru JOB	Pumptrk Charge Surface														
Csg OK TO PIT	Mileage 15														
Thanks															
TODD MIKE & BRADY															
X Signature	[Signature]										Tax				
											Discount				
											Total Charge				

Customer	L.B. Exploration	Lease No.		Date	9-24-11						
Lease	J. Paul Magnuson	Well #	11-1								
Field Order #	5012	Station	Pratt	Casing	5 1/2	Depth	4665	County	Barber	State	KS
Type Job	CROW - 5 1/2" L.S.			Formation		Legal Description	11-33-13				

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft	25-40	Acid	60/40 Poz @ 2 1/2 gal/min	RATE	PRESS	ISIP
Depth	Depth	From	To 1500'	Pre Pad	AA 2 conc @ 1 1/4 gal/min	Max		5 Min.
Volume	Volume	From	To 5000'	Pad	60/40 Poz @ 1 1/4 gal/min	Min		10 Min.
Max Press	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	11B.5	Gas Volume		Total Load

Customer Representative	Michael Pater	Station Manager	Dave Scott	Treater	Steve Orlando
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Service Units	07233	27463	19826	19860					
Driver Names	Orlando	Michael	MacBraw						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:00 AM					On location - Safety Meeting
					Run 1115' 5 1/2" CS
					Circulation 1-2-3-4-7-16-17-18
					Baskets ^{1100'} Collars 45-6
					Casing on Bottom Break Circ w/ R
					Rotate Casing
9:00	300		5 1/2	5	Mix 255Ks 60/40 Poz @ 1 1/4 gal/min
10:21	250		41	5	Mix 150Ks AA 2 conc @ 1 1/4 gal/min
					Shut Down - Check Pump & Line
					Release plug
12:40	0		0	6	Start H ₂ O Displacement w/ KOL
1:00	300		85	5	Loss Pressure
1:57	600		100	4	Slow Rate - Stop Rotating
1:00 PM	1500		11B.5	4	plug Down - 11-10
					Job Complete
					Truck Stop
					Run 205Ks RH mix 205Ks RH
					Circulation thru Job