



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: _____



1085858

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				

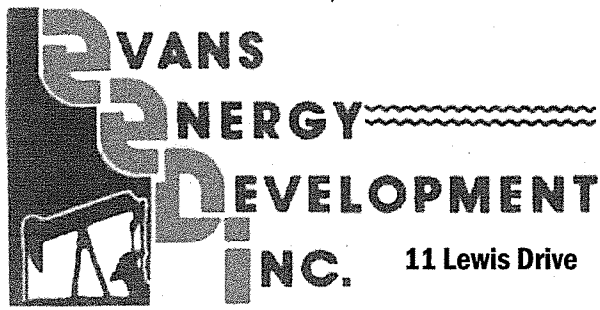
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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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

Colt Energy, Inc.

Mitchell Family Trust #25-1

API#15-107-24,565

February 15 - February 17, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	soil & clay	5
41	lime	46
19	shale	65
7	lime	72
147	shale	219
16	lime	235
35	shale	270
5	lime	275
124	shale	399
4	lime	403
293	shale	696
10	grey sand	706
47	broken sand	753
18	shale	771
8	oil sand	779 oil
11	shale	790
1	coal	791
5	shale	796
44	lime	840 Mississippi, oil 840 TD

Drilled a 12 1/4" hole to 21.1'

Drilled a 7-7/8" hole to 840'

Set 21.1' of 8 5/8" surface



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 36281

LOCATION Eureka, KS

FOREMAN Shannon Felk

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-107-24565

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-24-12	1828	mitchell Family trust 252121	25	21 S	21 E	Linn
CUSTOMER			# 25-1			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			520	John S		
STATE			437	Allen B		
ZIP CODE			611	Chris B		
CITY						
Iola						
STATE						
KS						
ZIP CODE						
66749						

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 840' CASING SIZE & WEIGHT 4 1/2 @ 11.5 #
 CASING DEPTH 829.70 DRILL PIPE TUBING OTHER
 SLURRY WEIGHT 132-13.6 SLURRY VOL 41 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 4"
 DISPLACEMENT 12.6 Bbl DISPLACEMENT PSI 500 Bump Plug MIX PSI to 1000psi RATE 5 BPM

REMARKS: (Day # 2) - Wash casing to bottom, Rig up to 4 1/2" casing, Pump 5 Bbl Ahead, 5 Bbl dye, mixed 160 SKS o.w.c. with 8# Kol-seal/SK & 1# Phenoseal/SK. Shut down wash out pump & lines & displace with 12.6 Bbl. Final Pumping pressure of 500 psi, bumped plug to 1000 psi, good circulation @ all times, 5.6 Bbl slurry to pit, Job Complete.

(Day # 1) Rig up to 2 3/8" tubing set @ 330' wash all the way to bottom @ 840', mix 50 SKS gel & get Hole conditioned for loggers. Come back following day to cement long string.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	40	MILEAGE	4.00	160.00
1126	160 SKS	O.W.C.	18.80	3008.00
1110 A	1280 #	Kol-seal @ 8#/SK	.46	588.80
1107 A	160 #	Phenoseal @ 1#/SK	1.29	206.40
5502 C	5 HRS	80 Bbl Vac Truck	90.00/HR	450.00
5407 A	8.4 Tons	Ton mileage bulk truck	1.34	450.24
4404	1	4 1/2" Rubber Plug	45.00	45.00
5609	3 HRS	MISC pump	200.00/HR	600.00
5502 C	3 HRS	80 Bbl Vac Truck #1	90.00/HR	270.00
			Sub Total	6808.44
			6.30% SALES TAX	242.49
			ESTIMATED TOTAL	7050.93

Flavin 3737

248038

AUTHORIZATION

R.R. [Signature]

TITLE

DATE

2/24/2012

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