



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: _____



1089458

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 Bbbs.	Gas Mcf	Water Bbbs.	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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Eternity Exploration, LLC
Well Name	Verna Marie 2
Doc ID	1089458

Tops

Name	Top	Datum
Anhydrite	2542	+479
Heebner	3986	-965
Toronto	4013	-992
Lansing	4024	1003
Stark	4247	-1226
B/KC	4307	-1286
Lenapah	4336	-1315
Pawnee	4432	-1411
Fort Scott	4496	-1475
Cherokee Johnson	4559	-1538
Mississippi	4616	-1595



CONSOLIDATED
Oil Well Services, LLC

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



FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER **33743**
LOCATION Oakley MS
FOREMAN Fuzzy McCullick
Miles Shaw

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-13-11	2717	Verna Marie #2	36	16s	32	Thomas MS
CUSTOMER <u>Eternity Exploration</u>			1 New Well 1 existing well east oakley			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			463	Sush		
STATE			239	Derek		
ZIP CODE						

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4740 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.1 SLURRY VOL 1.4 WATER gal/sk 6.7 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting + Rig up LWW #8
1st plug @ 2560' + 25 SKS
2nd plug @ 1716' + 100 SKS
3rd plug @ 30' + 40 SKS
4th plug @ 40' + 10 SKS
Bar hole 32 SKS

205 sks total of 60/40 42 gal 1/4" Flt seal Thanks Miles + Fuzzy + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1250.00	1250.00
5406	5 m.t.e.i	MILEAGE	5.00	25.00
5407	8.9 km min ton	Ten miles delivery min	40.00	410.00
1131	205 SKS	60/40 Poz mix cement w/no additives	14.35	2941.75
1118B	705 #	Bentonite	.24	169.20
1107	51 #	Flt seal	2.66	135.66
4432	1	8 5/8 plug Warden	96.00	96.00
		Subtotal		5027.61
		loss discount 12%		502.76
		total		4524.85
		SALES TAX		219.61
		ESTIMATED TOTAL		4744.46

AUTHORIZATION [Signature] TITLE Toolpusher DATE 12/13/11
 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.

REMIT TO
RR 1 BOX 90 D
HOXIE KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

548

DATE <i>12/1</i>	SEC. <i>36</i>	RANGE/TWP. <i>12-30</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Vernon Marie</i>			WELL # <i>2</i>		COUNTY <i>TH</i>	STATE <i>KS</i>

CONTRACTOR <i>WW 8</i>	OWNER <i>Eternity</i>			
TYPE OF JOB				
HOLE SIZE <i>12 1/4</i>	T.D. <i>260</i>	CEMENT		
CASING SIZE <i>8 5/8</i>	DEPTH	AMOUNT ORDERED		
TUBING SIZE	DEPTH			
DRILL PIPE <i>4 1/2</i>	DEPTH			
TOOL	DEPTH			
PRES. MAX	MINIMUM	COMMON	<i>185</i>	@ <i>15⁰⁰</i> <i>2800</i>
DISPLACEMENT <i>15661</i>	SHOE JOINT	POZMIX		@
CEMENT LEFT IN CSG.		GEL	<i>4</i>	@ <i>26</i> <i>100⁰⁰</i>
PERFS		CHLORIDE	<i>6</i>	@ <i>52</i> <i>31</i>
		ASC		@
EQUIPMENT				@
				@
PUMP TRUCK				@
#				@
BULK TRUCK				@
#				@
BULK TRUCK				@
#				@
		HANDLING	<i>195</i>	@ <i>2⁰⁰</i> <i>390⁰⁰</i>
		MILEAGE	<i>45</i>	@ <i>19⁰⁰</i> <i>855⁰⁰</i>
		TOTAL		

REMARKS	SERVICE <i>Surface</i>		
<i>Plug Down @ 8:30 PM</i>	DEPT OF JOB	@	
	PUMP TRUCK CHARGE	@	<i>900⁰⁰</i>
	EXTRA FOOTAGE	@	
	MILEAGE <i>4522</i>	@ <i>6⁰⁰</i>	<i>585⁰⁰</i>
<i>Cir Cement to Pit</i>	MANIFOLD	@	
	<i>Large Vertical 4" x 2"</i>	@ <i>2⁰⁰</i>	<i>180⁰⁰</i>
	TOTAL		

CHARGE TO: <i>Eternity</i>	
STREET	STATE
CITY	ZIP

To: Schippers Oil Field Service LLC
You are hereby requested to rent cementing equipment and furnish staff to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT	
	@
	@
	@
	@
	@
TOTAL	
TAX	
TOTAL CHARGE	
DISCOUNT (IF PAID IN 20 DAYS)	

SIGNATURE

PRINTED NAME

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 26, 2012

Carlo A. Ugolini
Eternity Exploration, LLC
338 Spyglass Dr
Coppell, TX 75019-5430

Re: ACO1
API 15-193-20829-00-00
Verna Marie 2
NE/4 Sec.36-10S-32W
Thomas 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,
Carlo A. Ugolini

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 27, 2012

Carlo A. Ugolini
Eternity Exploration, LLC
338 Spyglass Dr
Coppell, TX 75019-5430

Re: ACO-1
API 15-193-20829-00-00
Verna Marie 2
NE/4 Sec.36-10S-32W
Thomas County, Kansas

Dear Carlo A. Ugolini:

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 12/02/2011 and the ACO-1 was received on September 26, 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