



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: _____



1090698

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 OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 5008

Date	5/17/11	Sec.	25	Twp.	10	Range	20	County	Rooks	State	KS	On Location		Finish	5:00 AM
Lease	Church of God			Well No.	1			Location	E 1/2, N to EE 1/4, E to 7R, 1 N, W into						
Contractor	American Eagle Rig #3							Owner	To Quality Oilwell Cementing, 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	Blake Exploration						
Hole Size	12 1/4"		T.D.	234'			Depth	234'							
Csg.	8 5/8" 20#		Depth	234'											
Tbg. Size			Depth												
Tool			Depth												
Cement Left in Csg.	15'		Shoe Joint												
Meas Line			Displace	14 1/2 bbls.			Cement Amount Ordered	150 sx Com 3 1/2 cc 2 1/2 gel							

EQUIPMENT

Pumptrk	9	No.	Cementer	Paul	Common	150
Bulktrk	8	No.	Driver	Neale	Poz. Mix	
Bulktrk	PV	No.	Driver	Rocky	Gel.	3

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38

Est. Circ.
Mix 150 sx
Displace
Cement Circulated

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	

Thank You!!

Pumptrk Charge	Surface
Mileage	36

Tax	
Discount	
Total Charge	

Brenden Parker
Signature

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 4840

Cell 785-324-1041

Date	5-21-11	Sec.	25	Twp.	10	Range	20	County	Rooks	State	KS	On Location		Finish	7:30 p.m.
Lease	Church of God			Well No.	1			Location	Elisa Coline 3w 1/2N Winto						
Contractor	American Eagle #3							Owner	To Quality Oilwell Cementing, 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	P.T.H.							Charge To	Blake Exploration						
Hole Size	7 7/8			T.D.	3801			Street							
Csg.								Depth							
Tbg. Size								Depth							
Tool								City	State						
Cement Left in Csg.								Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.						
Meas Line								Displace	Cement Amount Ordered 230 60/40 40/60 1/2 #110						

EQUIPMENT

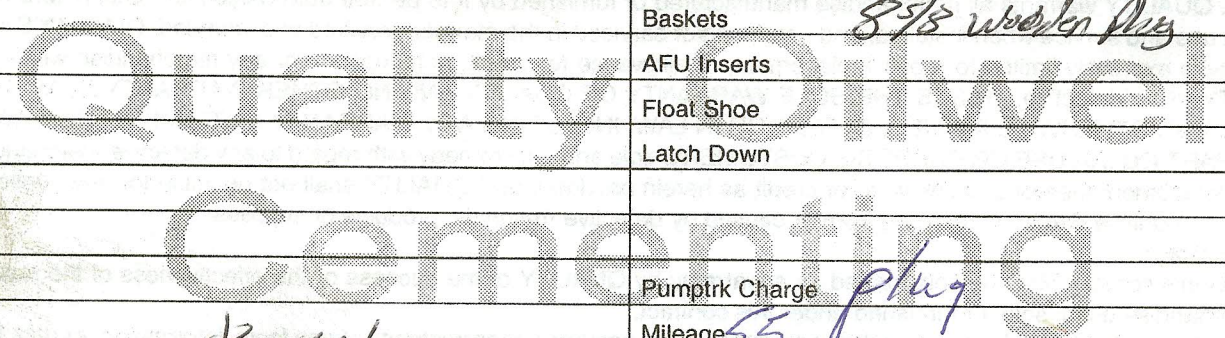
Pumptrk	5	No.	Cementer	2	Helpers	2	Common	138
Bulktrk		No.	Driver	1	Drivers	1	Poz. Mix	92
Bulktrk	8	No.	Driver	1	Drivers	1	Gel.	8

JOB SERVICES & REMARKS

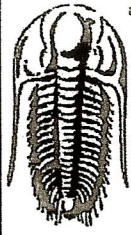
Remarks:	Calcium
Rat Hole	Hulls
Mouse Hole	Salt
Centralizers	Flowseal 50#
Baskets	Kol-Seal
D/V or Port Collar	Mud CLR 48
1st 3752 25SK	CFL-117 or CD110 CAF 38
2nd 1640 25SK	Sand
3rd 950 100SK	Handling 238
4th 275 40SK	Mileage
5th 40' 10SK	

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	8 5/8 wooden plug
AFU Inserts	
Float Shoe	
Latch Down	



Pumptrk Charge	plug	Tax	
Mileage	55	Discount	
Signature	Thanks! Dwight Baker	Total Charge	



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Blake Exploration
PO Box 150
201 S Main
Bogue KS 67625
ATTN: Mike Davignon

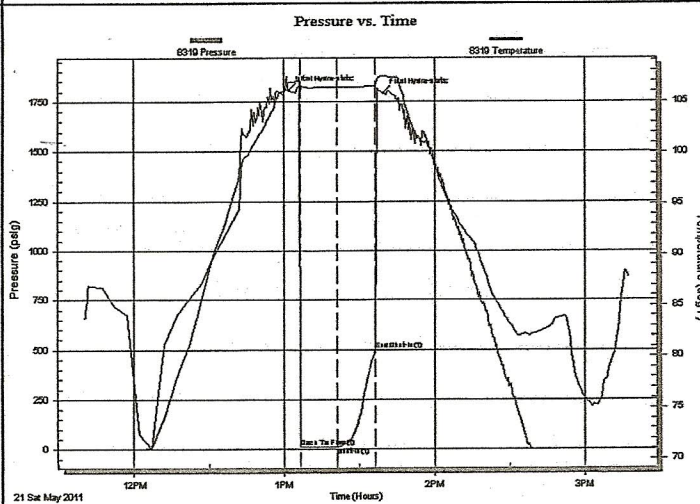
Church of God 1
25-10-20w Rooks, KS
Job Ticket: 42742 DST#: 1
Test Start: 2011.05.21 @ 11:40:12

GENERAL INFORMATION:

Formation: Arbuckle
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 13:06:42
Time Test Ended: 15:17:42
Interval: 3745.00 ft (KB) To 3760.00 ft (KB) (TVD)
Total Depth: 3800.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Straddle
Tester: Brett Dickinson
Unit No: 47
Reference Elevations: 2208.00 ft (KB)
2203.00 ft (CF)
KB to GR/CF: 5.00 ft

Serial #: 8319 Inside
Press@RunDepth: 13.03 psig @ 3746.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2011.05.21 End Date: 2011.05.21 Last Calib.: 2011.05.21
Start Time: 11:40:17 End Time: 15:17:42 Time On Btm: 2011.05.21 @ 13:02:12
Time Off Btm: 2011.05.21 @ 13:39:42

TEST COMMENT: IF-Weak surface blow died in 5 min
IS-No blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1807.48	106.83	Initial Hydro-static
5	10.14	105.74	Open To Flow (1)
19	13.03	106.36	Shut-In(1)
35	499.86	106.51	End Shut-In(1)
38	1791.95	107.39	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1.00	Mud	0.01

Gas Rates

	Choke (Inches)	Pressure (psig)	Gas Rate (Mcf/d)