



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: _____



1090762

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	Royal Drilling Inc
Well Name	Smoky Hill Unit 38
Doc ID	1090762

Tops

Name	Top	Datum
Anhydrite	617	+1056
Base Anhydrite	647	+1026
Heebner	2727	-1054
Toronto	2755	-1082
Douglas	2770	-1097
Lansing	2817	-1144
Base Kansas City	3087	-1414
Gorham Sand	3106	-1433
Reworked Arbuckle	3117	-1444
Solid Arbuckle	3131	-1458
Reagan Sand	3172	-1499
Granite Wood	3267	-1594
Granite	3302	-1629

ALLIED OIL & GAS SERVICES, LLC 056183

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell

DATE 8-3-12	SEC 31	TWP 14	RANGE 12	CALLED OUT	ON LOCATION	JOB START 12:30	JOB FINISH 1:30
LEASE ^{SMV} Hill	WELL# 38	LOCATION Banker Hill south to dead end			COUNTY Russell	STATE KS	
OLD OR NEW (Circle one)		1E 1N 5W 51st					

CONTRACTOR Royal Drilling #2
 TYPE OF JOB Gas string
 HOLE SIZE 7 7/8 T.D. 3365
 CASING SIZE 5 1/2 17# DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 15.65
 CEMENT LEFT IN CSG. 15.65
 PERFS.
 DISPLACEMENT 7 1/2

EQUIPMENT

PUMP TRUCK CEMENTER tony
 # 469 HELPER tony
 BULK TRUCK
 # 414 DRIVER Kevin
 BULK TRUCK
 # 461 DRIVER tony

REMARKS:

can be 4 ft 50 170 DR 200 x 5 ft 13
 back x 2, 22, 30, estimated 11/11/12
 mix 30 x 25 15 5 1/2
 105 x 60 x 100 100 x 100
 100 x 100 100 x 100 745
 Plug lateral retest Pressure Inlet Field

Thanks!

CHARGE TO: Royal Drilling
 STREET _____
 CITY _____ STATE _____ ZIP _____

OWNER _____

CEMENT AMOUNT ORDERED 150 5/8 107.5 ft 21.621

COMMON	<u>240</u>	@	<u>16.25</u>	<u>3900.00</u>
POZMIX	<u>60</u>	@	<u>8.50</u>	<u>510.00</u>
GEL	<u>3</u>	@	<u>21.25</u>	<u>63.75</u>
CHLORIDE		@		
ASC		@		
gent	<u>16</u>	@	<u>23.95</u>	<u>383.20</u>
HANDLING	<u>319</u>	@	<u>2.25</u>	<u>717.75</u>
MILEAGE	<u>4725</u>	mi		<u>536.38</u>
TOTAL				<u>6161.08</u>

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>2325.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>15</u>	@	<u>7.00</u>
MANIFOLD		@	
	<u>15</u>	@	<u>4.00</u>
	<u>240</u>	@	<u>240.00</u>
TOTAL <u>2390.00</u>			

PLUG & FLOAT EQUIPMENT

5/8 Guide string	@		<u>116.00</u>
APU inst	@		<u>200.00</u>
3 connectors	@	<u>34</u>	<u>102.00</u>
2 2.1 22	@	<u>77</u>	<u>154.00</u>