



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: _____



1095027

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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; border-bottom: 1px solid black;">Name</td> <td style="width:15%; border-bottom: 1px solid black;">Top</td> <td style="width:15%; border-bottom: 1px solid black;">Datum</td> </tr> </table>	Name	Top	Datum
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
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Wilson County Holdings LLC
Well Name	Pierpoint Farms Lease 41
Doc ID	1095027

Tops

Name	Top	Datum
Sand	260	
Coal	267	
KC Limestone	334	
Sand dull	448	
Lenapah Lime	600	
Altamont Lime	636	
Weiser Sand	652	
Shale Sand 50%	660	
Pawnee Lime	749	
Peru Sand	798	
Oswego Lime	807	
Summit Gas Bubbles	824	
Mulkey Coal	840	
Bevier Coal	898	
Verdigris Lime	912	
Crowberg	920	
Fleming Coal	960	
Mineral 0	981	
Sandy Shale	1030	
Bartlesville Sand	1055	
Sandy Shale	1060	
Mississippi	1153	
TD	1162	

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner
December 04, 2012

Sam Brownback, Governor

WILSON COUNTY HOLDINGS LLC
111 CONGRESS AVE, STE 400
AUSTIN, TX 78701

FINAL NOTICE OF VIOLATION

RE: API Well No. 15-205-28008-00-00
PIERPOINT FARMS LEASE 41
NESWSW, 1-28S-14E
WILSON County, Kansas

Dear Operator:

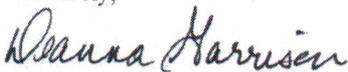
Technical review of the above referenced well shows that the well information is incomplete. The following documentation has not been received, and a first letter notice was sent to you on September 27, 2012. To date, we have not received the following information:

- | | |
|---|---|
| <ul style="list-style-type: none"><input checked="" type="checkbox"/> All drilling and completion information. No ACO-1 has been received as of this date.<input type="checkbox"/> Must be notarized and signed.<input type="checkbox"/> Must have the ORIGINAL HARD COPY of ACO-1. We do not accept fax copies.<input type="checkbox"/> Must be put on new form and typed.<input type="checkbox"/> API # or date when original well was first drilled.<input type="checkbox"/> Contractor License #.<input type="checkbox"/> Designate type of Well Completion.<input type="checkbox"/> If Workover/Re-entry, need old well information, including original completion date.<input type="checkbox"/> Spud date. (Month, Day, Year)<input type="checkbox"/> Other: | <ul style="list-style-type: none"><input type="checkbox"/> TD and Completion date. (Month, Day, Year)<input type="checkbox"/> Must have Footages from nearest outside corner of section.<input type="checkbox"/> Side two on back of ACO-1 must be filled out.<input type="checkbox"/> Must have final copies of DST's/Charts.<input type="checkbox"/> All original complete open and cased hole wireline logs run.<input type="checkbox"/> A copy of geological reports compiled by wellsite geologist.<input type="checkbox"/> A copy of all cement job logs showing type, amounts and additives used to cement casing strings, squeeze and/or to plug and abandon. (Note: Cement tickets must be from company providing the cement, not necessarily the contractor.)<input type="checkbox"/> Any commingling information; File on the ACO-4 form.<input type="checkbox"/> Anything HIGHLIGHTED on ACO-1. |
|---|---|

This requested information must be submitted for processing as stated under K.A.R. 82-3-107(d), and K.A.R. 82-3-130 of the General Rules and Regulations for the State of Kansas. Failure to submit the requested information by December 18, 2012, shall be punishable by a \$500.00 per well administrative penalty. PLEASE RETURN THIS FORM AND ANY ENCLOSURES WITH YOUR REPLY.

Please contact me at (316) 337-6200 if you have any questions.

Sincerely,



DEANNA GARRISON
Production Department



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 34630

LOCATION Eureka

FOREMAN Steve Kaezel

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-205-28008

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-10-12	89816	Pierpoint Farms Lease #41	1	285	14E	Wilson
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						

CUSTOMER: Wilson County Holding LLC
 Mailing Address: 111 Congress Ave Ste 400
 CITY: Austin STATE: Tx ZIP CODE: 78701

TRUCK # 485 DRIVER Blair M
 TRUCK # 479 DRIVER Mark

JOB TYPE PFA HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 1" 1700' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ek _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting Rig up to 1" Tubing Break Circulation with Fresh water.
Mix 105 sks 6 3/4 per mix cement w/ 4% Gel 1200' to surface.
Pull out 1" Tubing Top well off.
Job complete Rig down

(Note Pulled out 1/2 of 1" Tubing Top well off & when all tubing was out Top off well)

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5403A	1	PUMP CHARGE	695	695.00
5406	Mile	MILEAGE 2 nd well	-	-
1131	105 SKS	6 3/4 per mix Cement	12.55	1317.75
1118B	360	Gal 4%	.21	75.60
5407		Tax mileage Bus Trucks	Mile	350.00
			Sub Total	2438.35
			SALES TAX 6.3%	87.78
			ESTIMATED TOTAL	2526.13

Revin 3737

AUTHORIZATION Jonathan Reister TITLE Proj Director

DATE 10-MAY-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.