



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: _____



1096107

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

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

No. 5000

Date	9-25-12	Sec.	17	Twp.	17	Range	14	County	Butler	State	Ks	On Location		Finish	4:30 PM
Lease	Palmer	Well No.	17-3			Location 281 + 4 Sec, 2nd, 2nd, 2nd, 2nd, 2nd									
Contractor	Royal #12				Owner										
Type Job	Surface				To Quality Oilwell Cementing, Inc.										
Hole Size	12 1/4"				You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.										
Csg.	3 5/8"				Charge To Bennett + Smith										
Tbg. Size					Street										
Tool					City State										
Cement Left in Csg.	26'				Shoe Joint 26'										
Meas Line					Displace 56 1/2 Bcs										
The above was done to satisfaction and supervision of owner agent or contractor.												Cement Amount Ordered 250 Sx Cementation Pills			

EQUIPMENT

Pumptrk	16	No.	Cementer	Travis	26621
			Helper		Common
Bulktrk	4	No.	Driver	Doug	Poz. Mix
			Driver		
Buttrk	pu	No.	Driver	Rick	Gel.
			Driver		

JOB SERVICES & REMARKS

Remarks:	Cement did Circulate				
Rat Hole	Salt				
Mouse Hole	Flowseal				
Centralizers	Kol-Seal				
Baskets	Mud CLR 48				
D/V or Port Collar	CFL-117 or CD110 CAF 38				
	Sand				
	Handling				
	Mileage				

FLOAT EQUIPMENT

	Guide Shoe				
	Centralizer				
	Baskets				
	AFU Inserts				
	Float Shoe				
	Latch Down				
	1 - Ball to place				
	1 - Rubber place				
	Pumptrk Charge				
	Mileage				

	Tax				
	Discount				
	Total Charge				

X Signature *W. R. ...*

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

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

No. 5977

Date	9-30-12	Sec.	17	Twp.	17	Range	14	County	Barton	State	Ks	On Location		Finish	7:15 Am
Lease	Yacmee	Well No.	17-3			Location 281 + Galatia Blk 45 S. 19-61									
Contractor	Royal #2				Owner 2w to Gas Pm, KS, 11/15/12										
Type Job	Production				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.										
Hole Size	7 7/8"		T.D.	3600'			Charge To Bennett + Shuttle								
Csg.	14# 5 1/2" New		Depth	3550'			Street								
Tbg. Size			Depth				City								
Tool			Depth				State								
Cement Left in Csg.	2938'		Shoe Joint	2938'			The above was done to satisfaction and supervision of owner agent or contractor.								
Meas Line			Displace	85 3/4 BLS			Cement Amount Ordered 135 sv Cement								

EQUIPMENT

Pumptrk	15 No.	Cementor	Nick	500 gal Mud Clean 48	Common
Bulktrk	14 No.	Driver	Heath		Poz. Mix
Bulktrk	pic No.	Driver	Rick		Gel.

JOB SERVICES & REMARKS

Remarks	pipe on bottom break circulation	Hulls
Rat Hole	1 pump 500 gal Mud Clean 48	Salt
Mouse Hole	plug Rathole w/ 30sv plug	Flowseal
Centralizers	max schude w/ 15 sv, Hook 40	Kol-Seal
Baskets	5 1/2" casing + mix 135 sv	Mud CLR 48
D/V or Port Collar	Cement - shut down	CFL-117 or CD110 CAF 38
	wash pump + lines - Released	Sand
	plug + displaced with 85 3/4	Handling
	Blow Lift pressure #	Mileage

FLOAT EQUIPMENT

Land plug to	#	Guide Shoe
		Centralizer
		Baskets
		AFU Inserts
		Float Shoe
		Latch Down
		1 - Rotation head Assy
		Pumptrk Charge
		Mileage

X Signature *Wendy B...*

Tax
Discount
Total Charge



DRILL STEM TEST REPORT

Prepared For: **Bennett & Schulte Oil Co**

140 W Wichita Ave
Russell KS 67665

ATTN: Frank Schulte

Yarmer #17-3

17-17s-14w Barton,KS

Start Date: 2012.09.28 @ 16:46:41

End Date: 2012.09.28 @ 20:20:02

Job Ticket #: 48550 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2012.10.02 @ 09:26:46



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Bennett & Schulte Oil Co
 140 W Wichita Ave
 Russell KS 67665
 ATTN: Frank Schulte

17-17s-14w Barton, KS

Yarmer #17-3

Job Ticket: 48550

DST#: 1

Test Start: 2012.09.28 @ 16:46:41

GENERAL INFORMATION:

Formation: **Lansing-A**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 18:40:41

Time Test Ended: 20:20:02

Test Type: Conventional Bottom Hole (Initial)

Tester: Jeff Brown

Unit No: 44

Interval: 3174.00 ft (KB) To 3190.00 ft (KB) (TVD)

Reference Elevations: 1931.00 ft (KB)

Total Depth: 3190.00 ft (KB) (TVD)

1923.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 8.00 ft

Serial #: 8321 Inside

Press @ Run Depth: psig @ 3177.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.09.28 End Date: 2012.09.28

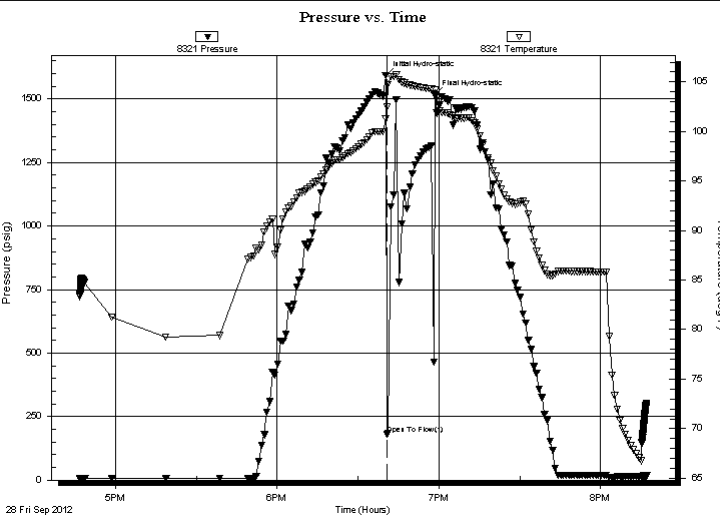
Last Calib.: 2012.09.28

Start Time: 16:46:42 End Time: 20:17:02

Time On Btm: 2012.09.28 @ 18:40:11

Time Off Btm: 2012.09.28 @ 18:58:41

TEST COMMENT: IFP-Slid 9 feet to bottom, tool opened then plugged



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1593.63	101.28	Initial Hydro-static
1	180.47	102.46	Open To Flow (1)
19	1515.46	104.20	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
30.00	Mud	0.42

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Bennett & Schulte Oil Co

17-17s-14w Barton,KS

140 W Wichita Ave
Russell KS 67665

Yarmer #17-3

Job Ticket: 48550

DST#: 1

ATTN: Frank Schulte

Test Start: 2012.09.28 @ 16:46:41

Tool Information

Drill Pipe:	Length: 3163.00 ft	Diameter: 3.80 inches	Volume: 44.37 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 2.70 inches	Volume: 0.00 bbl	Weight set on Packer: 20000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose: 52000.00 lb
			<u>Total Volume: 44.37 bbl</u>	Tool Chased 9.00 ft
Drill Pipe Above KB:	9.00 ft			String Weight: Initial 36000.00 lb
Depth to Top Packer:	3174.00 ft			Final 36000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	16.00 ft			
Tool Length:	36.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
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Change Over Sub	1.00			3155.00	
Shut In Tool	5.00			3160.00	
Hydraulic tool	5.00			3165.00	
Packer	4.00			3169.00	20.00 Bottom Of Top Packer
Packer	5.00			3174.00	
Stubb	1.00			3175.00	
Perforations	2.00			3177.00	
Recorder	0.00	8321	Inside	3177.00	
Recorder	0.00	8737	Outside	3177.00	
Perforations	10.00			3187.00	
Bullnose	3.00			3190.00	16.00 Bottom Packers & Anchor

Total Tool Length: 36.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Bennett & Schulte Oil Co

17-17s-14w Barton,KS

140 W Wichita Ave
Russell KS 67665

Yarmer #17-3

Job Ticket: 48550

DST#: 1

ATTN: Frank Schulte

Test Start: 2012.09.28 @ 16:46:41

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 53.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
30.00	Mud	0.421

Total Length: 30.00 ft Total Volume: 0.421 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Serial #: 8321

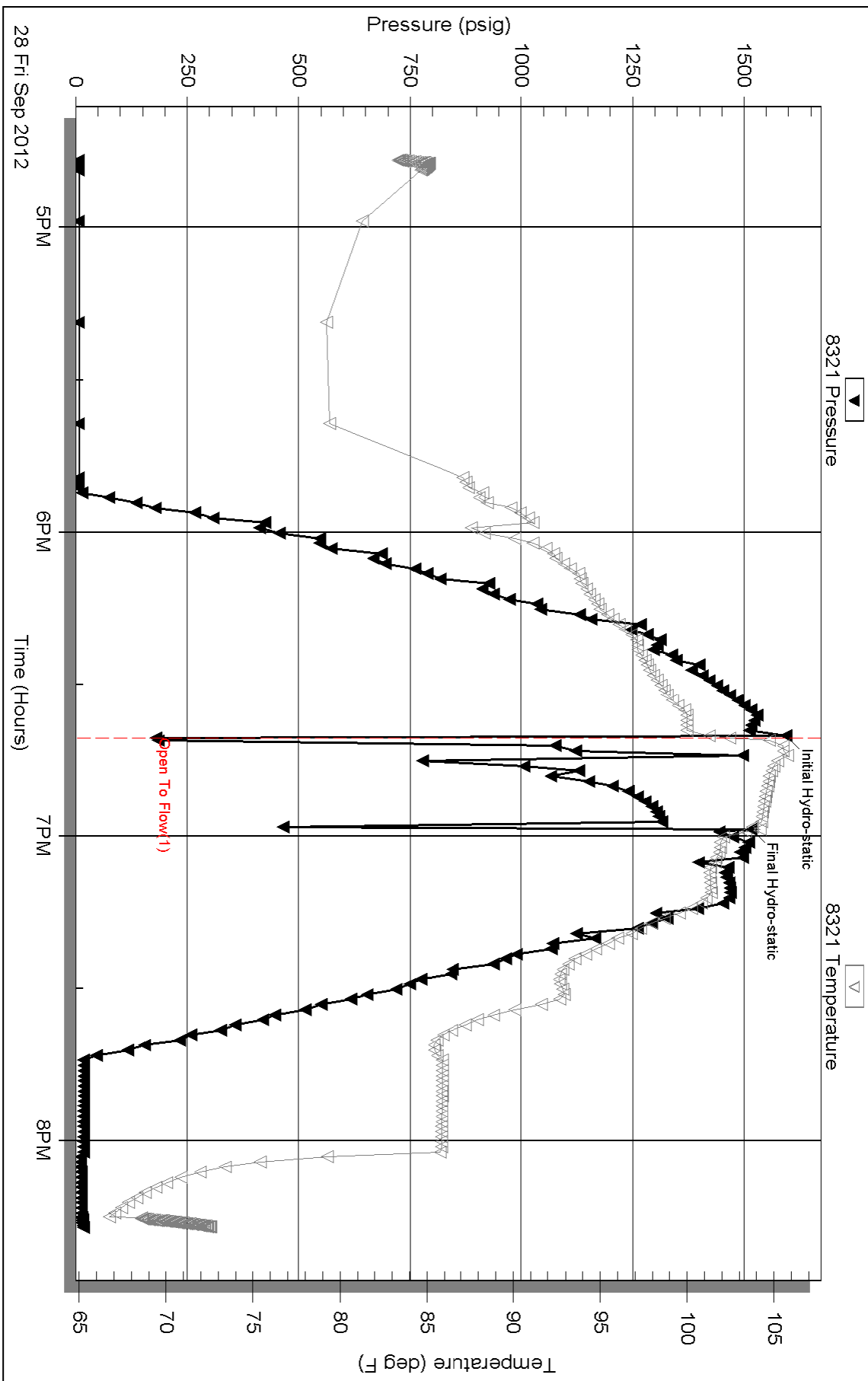
Inside

Bennett & Schulte Oil Co

Yarner #17-3

DST Test Number: 1

Pressure vs. Time

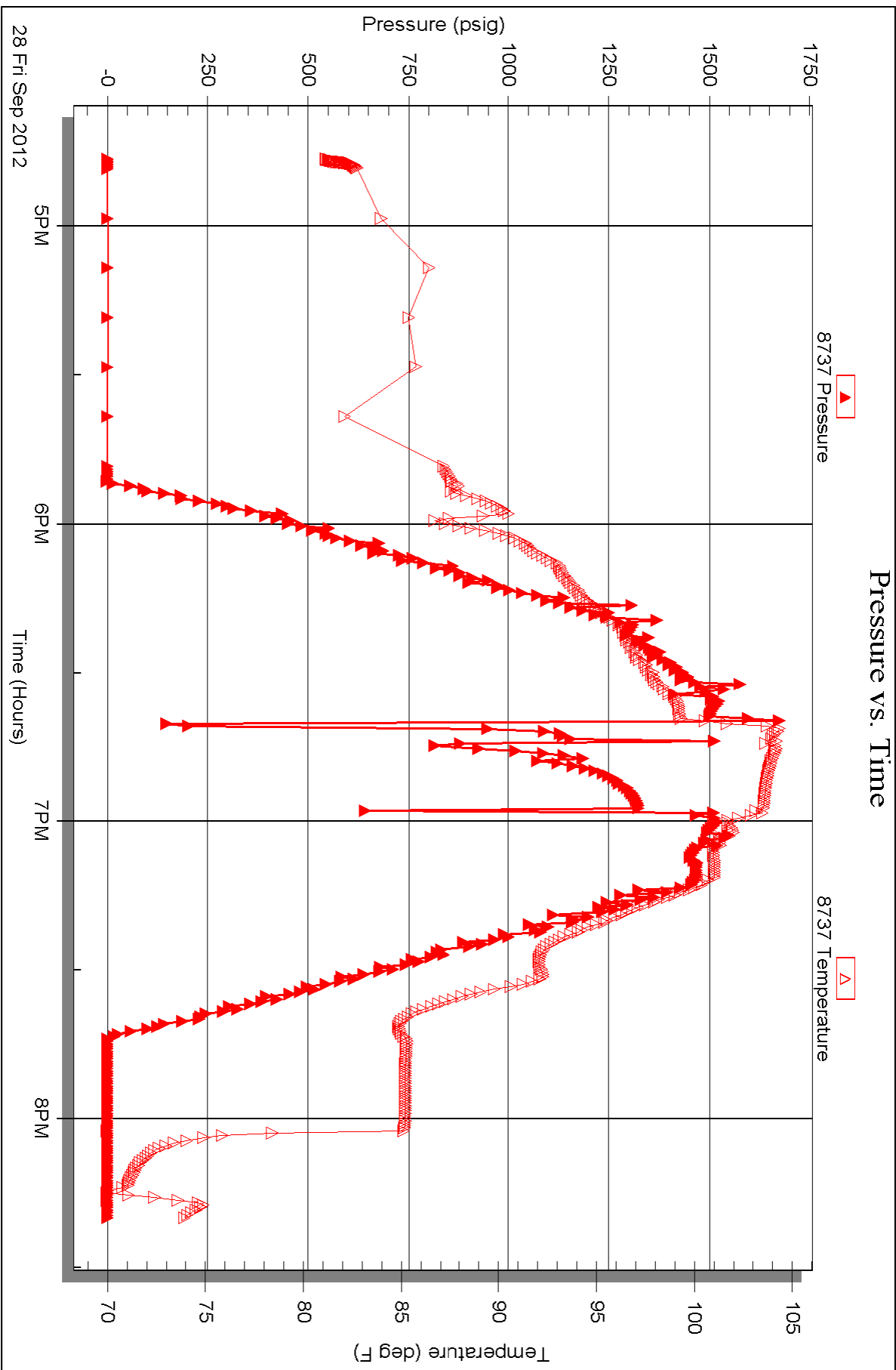


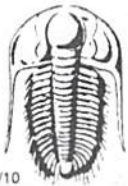
Serial #: 8737

Outside Bennett & Schulte Oil Co

Yarner #17-3

DST Test Number: 1





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 51026

4/10

Well Name & No. Yalmer 17-3 Test No. 1 Date 9-28-12
 Company Bennett + Schulte Oil Co Elevation 1931 KB 1923 GL
 Address 140 W Wichita Ave Russell KS 67665
 Co. Rep / Geo. Frank Schulte Rig Royal #2
 Location: Sec. 17 Twp. 17S Rge. 14W Co. Barton State Ks

Interval Tested 3174-3190 Zone Tested Kansing A
 Anchor Length 16 Drill Pipe Run 3163 Mud Wt. 8.6
 Top Packer Depth 3169 Drill Collars Run 0 Vis 53
 Bottom Packer Depth 3174 Wt. Pipe Run 0 WL 80
 Total Depth 3190 Chlorides 3000 ppm System LCM 1/2
 Blow Description if-sied 9 feet Tool opened then plugged

Rec	Feet of	%gas	%oil	%water	%mud
<u>30</u>	<u>Mud</u>				
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 30 BHT 10.2 Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic 1594 Test 950 T-On Location 15.52
 (B) First Initial Flow 180 Jars _____ T-Started 16:46
 (C) First Final Flow _____ Safety Joint _____ T-Open 18:41
 (D) Initial Shut-In _____ Circ Sub _____ T-Pulled 18:56
 (E) Second Initial Flow _____ Hourly Standby _____ T-Out 20:20
 (F) Second Final Flow _____ Mileage 88 RT 136.40 Comments Loaded Tool's
 (G) Final Shut-In _____ Sampler _____ @ 14:38 on 9-29-12
 (H) Final Hydrostatic 1515 Straddle _____ Ruined Shale Packer _____
15 Shale Packer _____ Ruined Packer _____
 Initial Open _____ Extra Packer _____ Extra Copies _____
 Initial Shut-In _____ Extra Recorder _____ Sub Total 0
 Final Flow _____ Day Standby _____ Total 1086.40
 Final Shut-In _____ Accessibility _____ MP/DST Disc't _____
 Sub Total 1086.40

Approved By _____ Our Representative J. Brown
 Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.