



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: _____



1097330

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				

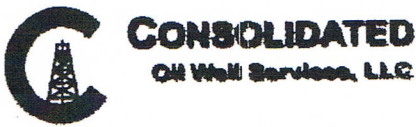
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--



ENTERED

TICKET NUMBER 33550
 LOCATION EUREKA
 FOREMAN Kevin McCoy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-6-12	2500	MOORE #1	16	335	4E	Ks Cowley

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
DRAKE Exploration, LLC	445	DAVE G.		
	479	CHRIS M.		

CITY	STATE	ZIP CODE
Douglas	KS	67039

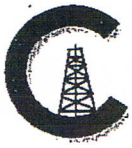
JOB TYPE Longstring 0 HOLE SIZE 7 7/8 HOLE DEPTH 3393' CASING SIZE & WEIGHT 5 1/2 used
 CASING DEPTH 3400 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6* SLURRY VOL 47 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 25'
 DISPLACEMENT 82.5 BBL DISPLACEMENT PSI 300 ~~WATER~~ PSI 1000 Bump Plug RATE 5 BPM

REMARKS: Safety Meeting: 5 1/2 Set @ 3400' = 7' Above KB. Rig up to 5 1/2 casing. BREAK circulation with only 5 BBL water because of poor fluid returns to surface. (DRIG rig had lost circulation problems in lower Mississippian formation). Mixed 150 SKS THICK Set Cement w/ 5* Kol-Seal /sk, 1* PhenoSeal /sk @ 13.6*/gal = 47 BBL slurry. Shut down. wash out Pump & Lines. Release LATCH down Plug. Displace w/ 82.5 BBL fresh water. FINAL Pumping Pressure was 300 PSI (normally would have been 800 PSI) Bump Plug to 1000 PSI. wait 2 mins. Release Pressure. Float & Plug Held.
Note: while cementing we never completely lost circulation. when cement slurry started around the float shoe & up the annulus on a pump rate of 5 BPM we probably had a return rate to the pit of 1.5 BPM. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	50	MILEAGE	4.00	200.00
1126 A	150 SKS	THICK Set Cement	19.20	2880.00
1110 A	750 *	KOL-SEAL 5*/sk	.46 *	345.00
1107 A	150 *	PhenoSeal 1*/sk	1.29	193.50
5407 A	8.25 TONS	50 miles BULK Delv.	1.34	552.75
4203	1	5 1/2 Guide Shoe	160.00	160.00
4454	1	5 1/2 LATCH down Plug	254.00	254.00
4130	6	5 1/2 x 7 7/8 Centralizers	48.00	288.00
4228 B	1	5 1/2 AFU INSERT FLOAT Valve	172.00	172.00
			Sub Total	6075.25
			SALES TAX 6.8%	291.89
			ESTIMATED TOTAL	6367.14

AVIN 3737
 AUTHORIZATION [Signature] TITLE 016945 DATE _____
 THANK YOU

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.



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE Invoice # 246819

=====
Invoice Date: 12/31/2011 Terms: Page 1

DRAKE EXPLORATION LLC
6635 12TH ROAD
DOUGLAS KS 67039
(620) 441-7223

MOORE #1
34141
16-33S-4E
12-30-11
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	165.00	14.9500	2466.75
1102	CALCIUM CHLORIDE (50#)	400.00	.7400	296.00

Description	Hours	Unit Price	Total
491 TON MILEAGE DELIVERY	388.00	1.34	519.92
603 CEMENT PUMP (SURFACE)	1.00	825.00	825.00
603 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.00	200.00

E 1/7/12

Parts:	2762.75	Freight:	.00	Tax:	187.87	AR	4495.54
Labor:	.00	Misc:	.00	Total:	4495.54		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE Invoice # 246942

=====

Invoice Date: 01/11/2012 Terms: Page 1

DRAKE EXPLORATION LLC
6635 12TH ROAD
DOUGLAS KS 67039
(620) 441-7223

*Entered
2/15/2012*

MOORE #1
33550
16-33S-4E
01-06-12
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	150.00	19.2000	2880.00
1110A	KOL SEAL (50# BAG)	750.00	.4600	345.00
1107A	PHENOSEAL (M) 40# BAG)	150.00	1.2900	193.50
4203	GUIDE SHOE 5 1/2"	1.00	160.0000	160.00
4454	5 1/2" LATCH DOWN PLUG	1.00	254.0000	254.00
4130	CENTRALIZER 5 1/2"	6.00	48.0000	288.00
4228B	INSERT FLOAT VALVE W/AFU	1.00	172.0000	172.00

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	1030.00	1030.00
445 EQUIPMENT MILEAGE (ONE-WAY)	50.00	4.00	200.00
479 TON MILEAGE DELIVERY	412.50	1.34	552.75

=====

Parts:	4292.50	Freight:	.00	Tax:	291.89	AR	6367.14
Labor:	.00	Misc:	.00	Total:	6367.14		
Sublt:	.00	Supplies:	.00	Change:	.00		

=====

Signed _____ Date _____