



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: _____



1097746

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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	Atlas Operating LLC
Well Name	Sanders-Schmisseur 5
Doc ID	1097746

All Electric Logs Run

DIL
CN-CDL
MEL
Sonic-CBL

PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 131120
Invoice Date: May 8, 2012
Page: 1

001594
~~001617~~
001617



RECEIVED JUN 11 2012

Bill To:
Atlas Operating
15603 Kuykendahl Suite #200
Houston, TX 77090-3655

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Atlas	Sanders Schmissieur 5	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	May 8, 2012	6/7/12

Quantity	Item	Description	Unit Price	Amount
185.00	MAT	Class A Common	16.25	3,006.25
4.00	MAT	Gel	21.25	85.00
7.00	MAT	Chloride	58.20	407.40
196.00	SER	Handling	2.25	441.00
25.00	SER	Mileage	21.56	539.00
1.00	SER	Surface	1,125.00	1,125.00
25.00	SER	Heavy Vehicle Mileage	7.00	175.00
1.00	SER	Manifold Head Rental	200.00	200.00
25.00	SER	Light Vehicle Mileage	4.00	100.00
1.00	EQP	8 5/8 Wooden Plug	92.00	92.00
1.00	CEMENTER	Ron Gilley		
1.00	EQUIP OPER	Derek Gibbons		
1.00	OPER ASSIST	Garret McLemore		

DESCRIPTION Cement
Surface Casing
ACCOUNT # 760015
WELL NAME _____
AFE # _____
DATE _____ APPROVED _____

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 1234.13

ONLY IF PAID ON OR BEFORE
Jun 2, 2012

Subtotal	6,170.65
Sales Tax	226.21
Total Invoice Amount	6,396.86
Payment/Credit Applied	
TOTAL	6,396.86

ALLIED OIL & GAS SERVICE, LLC 054078

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge

DATE <u>5-18-12</u>	SEC. <u>12</u>	TWP. <u>34s</u>	RANGE <u>11W</u>	CALLED OUT <u>4:00 AM</u>	ON LOCATION <u>6:00</u>	JOB START <u>7:45</u>	JOB FINISH <u>8:15</u>
STANDARDS SCHMISSE <u>OUT</u> LOCATION <u>1W Attica Ks, 5 1/2 N, E into</u>						COUNTY <u>Harper</u>	STATE <u>Ks</u>
OLD OR NEW (Circle one)							

CONTRACTOR <u>Val #2</u>	OWNER <u>Atlas Operating</u>
TYPE OF JOB <u>Surface</u>	CEMENT
HOLE SIZE <u>12 1/4</u> T.D. <u>273</u>	AMOUNT ORDERED <u>185.5x class A + 3% CC + 2% gel</u>
CASING SIZE <u>8 5/8</u> DEPTH <u>256.20</u>	
TUBING SIZE DEPTH	
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	COMMON <u>Class A 185 @ 16.25 3,006.25</u>
MEAS. LINE SHOE JOINT <u>20</u>	POZMIX @
CEMENT LEFT IN CSG. <u>20</u>	GEL <u>4 @ 21.25 85.00</u>
PERFS.	CHLORIDE <u>7 @ 58.20 407.40</u>
DISPLACEMENT <u>16 Bbls</u>	ASC @

EQUIPMENT

PUMP TRUCK CEMENTER <u>Ron G</u>
<u>471-302</u> HELPER <u>Derrick G.</u>
BULK TRUCK
<u>364</u> DRIVER <u>Garrett M.</u>
BULK TRUCK
DRIVER

HANDLING <u>196 @ 2.25 441.00</u>
MILEAGE <u>25x.11x 196 539.00</u>
TOTAL 4478.65

REMARKS:
pipe on Bottom Break Circulation
run 3 Bbls Fresh H2O Ahead
Mix 185.5x A+3%CC+2%gel
Stop, break plus
Start Displacement, wash upon
plug, shut in
Cement did Circulate

SERVICE

DEPTH OF JOB <u>273'</u>
PUMP TRUCK CHARGE <u>1,125.00</u>
EXTRA FOOTAGE @
MILEAGE <u>25 @ 7.00 175.00</u>
MANIFOLD & Head @ <u>200.00</u>
Light+Veh <u>25 @ 4.00 100.00</u>
TOTAL 1,600.00

CHARGE TO: Atlas Operating
 STREET _____
 CITY _____ STATE _____ ZIP _____

8 5/8 PLUG & FLOAT EQUIPMENT

1- Wooden Plug @ <u>92.00</u>
@
@
@
@
TOTAL 92.00

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
 TOTAL CHARGES 6170.65
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Rick Smith
 SIGNATURE Rick Smith



PO Box 93999
Southlake, TX 76092

RECEIVED MAY 25 2012

INVOICE

Invoice Number: 131210

Invoice Date: May 18, 2012

Page: 1

Voice: (817) 546-7282
Fax: (817) 246-3361

000412 -
001438



Bill To:
Atlas Operating
15603 Kuykendahl Suite #200
Houston, TX 77090-3655

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Atlas	Sanders Schmissour 5	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Liberal	May 18, 2012	6/17/12

Quantity	Item	Description	Unit Price	Amount
340.00	MAT	Class A Common	16.25	5,525.00
6.00	MAT	Gel	21.25	127.50
28.00	MAT	Gypseal	34.20	957.60
38.00	MAT	Salt	23.95	910.10
1,750.00	MAT	KolSeal	2.70	4,725.00
164.00	MAT	FL-160	17.20	2,820.80
2.50	MAT	ASF	37.17	92.93
13.00	MAT	Cla-Pro	31.25	406.25
484.29	SER	Cubic Feet	2.10	1,017.00
634.73	SER	Ton Miles	2.35	1,491.60
1.00	SER	Production	2,405.00	2,405.00
60.00	SER	Heavy Vehicle Mileage	7.00	420.00
1.00	SER	Manifold Head Rental	200.00	200.00
60.00	SER	Light Vehicle Mileage	4.00	240.00
1.00	EQP	4 1/2 Guide Shoe	192.00	192.00
1.00	EQP	4 1/2 AFU Insert	249.00	249.00
8.00	EQP	4 1/2 Centralizers	48.00	384.00
1.00	EQP	4 1/2 Rubber Plug	44.00	44.00

DESCRIPTION ~~VAL Drilling Rig~~
Cement

ACCOUNT # 1600315
WELL NAME _____
AFE # 4 1/2" Prod
DATE _____ APPROVED _____

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 4441.36

ONLY IF PAID ON OR BEFORE
Jun 12, 2012

Subtotal	22,207.78
Sales Tax	1,035.35
Total Invoice Amount	23,243.13
Payment/Credit Applied	DESCRIPTION _____
TOTAL	23,243.13

ACCOUNT # _____
WELL NAME _____
AFE # _____
DATE _____ APPROVED _____

ALLIED OIL & GAS SERVICES, LLC 053221

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberah KS

DATE <i>5/18/12</i>	SEC <i>28</i>	TWP. <i>31.5</i>	RANGE <i>8W</i>	CALLED OUT	ON LOCATION <i>1:30</i>	JOB START	JOB FINISH
LEASE <i>Schmiesse</i> WELL # <i>5</i>		LOCATION <i>Abbeia 1E 5 1/2 N Einbo</i>			COUNTY <i>Hopper</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *Val Drilling Rig #2*

TYPE OF JOB *Reproduction*

HOLE SIZE *7 7/8* T.D. *4570*

CASING SIZE *4 1/2 12.5* DEPTH *4559.69*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *1300* MINIMUM *100*

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *21.94 lb*

PERFS.

DISPLACEMENT *722 (74)*

EQUIPMENT

OWNER *Atlas Operating*

CEMENT

AMOUNT ORDERED *340 sks Class 'A'*

ASL + 5" Kalseal + 5" FI-160

COMMON <i>Class 'A'</i>	<i>340</i>	@	<i>16.25</i>	<i>5525.00</i>
POZMIX		@		
GEL	<i>6 sks</i>	@	<i>21.25</i>	<i>127.50</i>
CHLORIDE		@		
ASC		@		
<i>Gyp Seal</i>	<i>28 sks</i>	@	<i>34.20</i>	<i>957.60</i>
<i>Silt</i>	<i>38 sks</i>	@	<i>23.95</i>	<i>910.10</i>
<i>Kal-Seal 1700</i>	<i>1700</i>	@	<i>2.70</i>	<i>4590.00</i>
<i>FI-160 144</i>	<i>144</i>	@	<i>17.20</i>	<i>2476.80</i>
<i>HSE</i>	<i>2 1/2 gal</i>	@	<i>37.17</i>	<i>92.93</i>
<i>Cl-Pro</i>	<i>13 gal</i>	@	<i>31.25</i>	<i>406.25</i>
		@		
HANDLING	<i>462 sks</i>	@	<i>2.25</i>	<i>1039.50</i>
MILEAGE	<i>135.60</i>	@	<i>0.11</i>	<i>14.9160</i>
				TOTAL <i>18,013.78</i>

PUMP TRUCK CEMENTER *Virgil Newton*

550 HELPER *Eddie P.*

BULK TRUCK

301 DRIVER *Angel T.*

BULK TRUCK

DRIVER

REMARKS:

*Pump helper, Mix pump 500 gal ASL Pump helper
Mix pump 15 sk in Mouse Hole, Mix pump
25 sks in Hat Hole, Mix pump 300 sks
Displace w/ 84 gal water pump Plug
float did not hold*

Thank You !!!

CHARGE TO: *Atlas Operating*

STREET _____

CITY _____ STATE _____ ZIP _____

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME *Larry Forest*

SIGNATURE *Larry Forest*

SERVICE

DEPTH OF JOB	<i>4570 ft</i>		
PUMP TRUCK CHARGE			<i>2405.00</i>
EXTRA FOOTAGE		@	
MILEAGE (H)	<i>60</i>	@	<i>7.00</i> <i>420.00</i>
MANIFOLD & Head	<i>1</i>	@	<i>200</i> <i>200.00</i>
Mileage (L)	<i>60</i>	@	<i>4.00</i> <i>240.00</i>
TOTAL <i>3265.00</i>			

PLUG & FLOAT EQUIPMENT

<i>W/L - Guide Shoe</i>	<i>1</i>	@	<i>192.00</i>	<i>192.00</i>
<i>W/L - ABU - Tumbler</i>	<i>1</i>	@	<i>249.00</i>	<i>249.00</i>
<i>W/L - Centralizers</i>	<i>8</i>	@	<i>48.00</i>	<i>384.00</i>
		@		
<i>Int. Rhe - Rubber Plug</i>	<i>1</i>	@	<i>44.00</i>	<i>44.00</i>
TOTAL <i>869.00</i>				

SALES TAX (If Any) _____

TOTAL CHARGES *\$22,207.78*

DISCOUNT _____ IF PAID IN 30 DAYS

Saman Sharafaie
Sanders Schmisser # 5
Harper county , Kansas

Geo Report - Tops

Sanders - Schmisser #5		
2310' FNL - 990' FWL		SEC. 28 TWP 31S R. 8W
KB-1566		
FORMATION TOPS	SAMPLE TOPS	LOG TOPS
LANSING	3710 (-2144) +6	3723 (-2157) +4
STARK SHALE	4038 (-2472) +8	4036 (-2470) +3
CHEROKEE SH	4260 (-2694) +6	4262 (-2696) +4
MISSISSIPPI	4376 (-2810) +3	4378 (-2812) +1
LTD		4573
RTD	4570	







