



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1098622
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1098622

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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)* _____

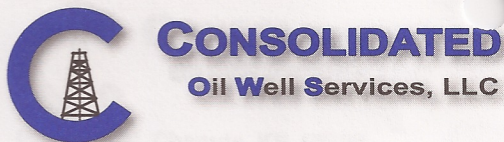
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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: _____ _____
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Form	ACO1 - Well Completion
Operator	Eagle Creek Corporation
Well Name	WILKINSON 1-18
Doc ID	1098622

All Electric Logs Run

DUAL INDUCTION
COMPENSATED DENSITY/NEUTRON
MICROLOG
SONIC



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 # 252638

Invoice Date: 09/11/2012 Terms: 10/10/30,n/30 Page 1

EAGLE CREEK CORP.
 150 N. MAIN, SUITE 905
 WICHITA KS 67202
 () -

WILKINSON 1-18
 37090
 18-17-34
 09-04-2012
 KS

id 15/12

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	175.00	17.6500	3088.75
1118B	PREMIUM GEL / BENTONITE	329.00	.2500	82.25
1102	CALCIUM CHLORIDE (50#)	494.00	.8900	439.66
Sublet Performed	Description			Total
9996-130	CEMENT MATERIAL DISCOUNT			-361.07
9995-130	CEMENT EQUIPMENT DISCOUNT			-192.65
	Description	Hours	Unit Price	Total
460	TON MILEAGE DELIVERY	1.00	616.50	616.50
463	CEMENT PUMP (SURFACE)	1.00	1085.00	1085.00
463	EQUIPMENT MILEAGE (ONE WAY)	45.00	5.00	225.00

PAID
10/10/12 CP #40177

VEN. NO. *CONROW* WELL # *17109-01*
 ACCT. # *7146* AMT. *\$5253.10*
 ACCT. # _____ AMT. _____
 ACCT. # _____ AMT. _____
 ACCT. # _____ AMT. _____

9/19/12
ENTERED

Amount Due 5836.85 if paid after 10/11/2012

Parts:	3610.66	Freight:	.00	Tax:	269.72	AR	5253.16
Labor:	.00	Misc:	.00	Total:	5253.16		
Sublt:	-553.72	Supplies:	.00	Change:	.00		

Signed _____ Date _____



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 # 253006

Invoice Date: 09/19/2012 Terms: 10/10/30,n/30

Page 1

EAGLE CREEK CORP.
 150 N. MAIN, SUITE 905
 WICHITA KS 67202
 () -

WILKINSON 1-18
 36742
 18-17-34
 09-17-2012
 KS

10/20/12

PAID
10/10/12 C#40177

Part Number	Description	Qty	Unit Price	Total
1110A	KOL SEAL (50# BAG)	875.00	.5600	490.00
1126	OIL WELL CEMENT	175.00	22.5500	3946.25
1131	60/40 POZ MIX	500.00	15.1000	7550.00
1118B	PREMIUM GEL / BENTONITE	3440.00	.2500	860.00
1107	FLO-SEAL (25#)	125.00	2.8200	352.50
1144G	MUD FLUSH (SALE)	500.00	1.0000	500.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	413.0000	413.00
4130	CENTRALIZER 5 1/2"	7.00	58.0000	406.00
4454	5 1/2" LATCH DOWN PLUG	1.00	567.0000	567.00
4277	DV TOOL SIZE 5 1/2" (STA	1.00	4800.0000	4800.00
4104	CEMENT BASKET 5 1/2"	1.00	276.0000	276.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-2016.08
9995-130	CEMENT EQUIPMENT DISCOUNT	-548.47

Description	Hours	Unit Price	Total
T-118 SINGLE PUMP	1.00	3020.00	3020.00
T-118 EQUIPMENT MILEAGE (ONE WAY)	45.00	5.00	225.00
566 TON MILEAGE DELIVERY			2239.67

VEN. NO. CONFIRM WELL #1 607109236
 ACCT. # 73550 AMT. 424,586.89
 ACCT. # _____ AMT. _____
 ACCT. # _____ AMT. _____
 ACCT. # _____ AMT. _____

9/24/12
ENTERED

Amount Due 27318.77 if paid after 10/19/2012

Parts:	20160.75	Freight:	.00	Tax:	1506.02	AR:	24586.89
Labor:	.00	Misc:	.00	Total:	24586.89		
Sublt:	-2564.55	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36742

LOCATION Oakley

FOREMAN Fuzzly

miles show

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	
11-17-12	2276	Wilkinson 1-18	18	175	34W	Scott	
CUSTOMER Eagle Creek			SCOTT W. CO LINE 5N E25 1/2 SW				
MAILING ADDRESS							
CITY							
STATE ZIP CODE							
TRUCK #		DRIVER		TRUCK #		DRIVER	
527-7-118		Jerry W					
566		Joidant					
530		Bobby S					
7129							

JOB TYPE 2-stage HOLE SIZE 7718 HOLE DEPTH 4987 CASING SIZE & WEIGHT 5" x 15.5
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8-12.5 SLURRY VOL 1.42-1.89 WATER gal/sk _____ CEMENT LEFT IN CASING DU Tool @ 2402
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on UAL #4 float equip cent # 1, 4, 7, 10, 13, 61, 65
 Basket Top of 61 DU Top of 62 Rig up and circulate LKA Pump.
 5 BBL water, 500gal mud flush, 5 BBL water, mix 175 sks OWC
 with 5* Kolseal. Wash pump + lines drop plug and displace 60 BBL
 water 59 BBL mud 800* lift pressure land plug @ 1500*. Drop
 DU Bomb wait 15min open DU Tool @ 800* Circ 15min Pump 5
 BBL water, mix 30sks RH, 20sks MB. mix 450sks 60/40 89osal
 114* floeal down 5" x 2.5. Wash pump and lines drop plug and displace
 57 1/4 BBL LKA Press 700* Close Tool @ 1800* cement did circulate
 Approx 22 BBL to pit Thanks Fuzzly + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401E	1	PUMP CHARGE	3020.00	3020.00
5406	45	MILEAGE	5.00	225.00
5407A	29.8 tow	Tow mileage Delivery	1.67	2239.67
1110A	875 #	Kol-seal	.56	490.00
1126	175 sks	OWC	22.52	3946.25
1131	500 gks	60/40 pos	15.10	7550.00
1118B	3440 #	Bentonite	.25	860.00
1107	125 #	Floeal	2.82	352.50
1144G	500 gal	mud flush	1.00	500.00
4159	1	5' 1/2 - AFU Float shoe (w)	413.00	413.00
4130	7	5' 1/2 - Centralizers (w)	58.00	406.00
4454	1	5' 1/2 - Latchdown Assy (w)	567.00	567.00
4277	1	5' 1/2 - DU Tool (w)	4800.00	4800.00
4104	1	5' 1/2 - Cent Basket (w)	276.00	276.00
		Subtotal		25645.42
		less 1090		25645.55
		Subtotal		23080.81
		SALES TAX		1506.02
		ESTIMATED TOTAL		24586.89

AUTHORIZATION [Signature] TITLE [Signature] DATE 9/17/2012
Completed

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.

253006

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

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

Sam Brownback, Governor

October 25, 2012

DAVE CALLEWAERT
Eagle Creek Corporation
150 N MAIN STE 905
WICHITA, KS 67202-1317

Re: ACO1
API 15-171-20895-00-00
WILKINSON 1-18
NE/4 Sec.18-17S-34W
Scott County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
DAVE CALLEWAERT



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 48418

Well Name & No. Eagle ^{Wilkinson 1-18} ~~Creek~~ Corporation Test No. 1 Date 9-10-12
 Company Eagle Creek Corporation Elevation 3154 KB 3148 GL
 Address 150 N. Main St 905 Wichita, KS 67202
 Co. Rep / Geo. Gary Gensch Rig W#1 #4
 Location: Sec. 18 Twp. 17S Rge. 34W Co. Scott State KS

Interval Tested 4278 4317 Zone Tested LKC - F
 Anchor Length 39 Drill Pipe Run 4284 Mud Wt. 9.3
 Top Packer Depth 4273 Drill Collars Run — Vis 47
 Bottom Packer Depth 4278 Wt. Pipe Run — WL 8.0
 Total Depth 4317 Chlorides 6000 ppm System LCM 1

Blow Description IF: Weak blow died in 8 min.
IS: No return.
FF: No blow.
FS: No return.

Rec	Feet of	%gas	%oil	%water	%mud
<u>15</u>	<u>mud oil spots</u>			<u>100</u>	
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 15 BHT 107 Gravity — API RW — @ — ° F Chlorides — ppm

(A) Initial Hydrostatic 2144 Test 1250 T-On Location 2:10
 (B) First Initial Flow 13 Jars — T-Started 4:20
 (C) First Final Flow 17 Safety Joint — T-Open 7:23
 (D) Initial Shut-In 1132 Circ Sub N/C T-Pulled 9:23
 (E) Second Initial Flow 18 Hourly Standby — T-Out 11:30
 (F) Second Final Flow 21 Mileage 44 68.20
 (G) Final Shut-In 1094 Sampler —
 (H) Final Hydrostatic 2133 Straddle — Ruined Shale Packer —
 Shale Packer — Ruined Packer —
 Extra Packer — Extra Copies —
 Extra Recorder — Sub Total 0
 Day Standby — Total 1318.20
 Accessibility — MP/DST Disc't —
 Sub Total 1318.20

Approved By Gary Gensch Our Representative [Signature]

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.



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 48419

Well Name & No. Wilkinson 1-18 Test No. 2 Date 9-10-12
 Company Eagle Creek Corporation Elevation 3154 KB 3146 GL
 Address _____
 Co. Rep / Geo. Gary Gensch Rig U91 #4
 Location: Sec. 18 Twp. 17S Rge. 34W Co. Scott State KS

Interval Tested 4365 4380 Zone Tested LKC-K (Swope)
 Anchor Length _____ 15 Drill Pipe Run _____ Mud Wt. 9.6
 Top Packer Depth _____ 4360 Drill Collars Run _____ Vis 48
 Bottom Packer Depth _____ 4365 Wt. Pipe Run _____ WL 8.0
 Total Depth _____ 4380 Chlorides 7000 ppm System LCM 1

Blow Description IF: BoB in 9 min.
IS: No return,
FF: BoB in 15 min,
FS: No return,

Rec	Feet of	%gas	%oil	%water	%mud
<u>196</u>	<u>mcw</u>		<u>70</u>	<u>30</u>	
<u>496</u>	<u>water</u>		<u>100</u>		
_____	_____				
_____	_____				
_____	_____				

Rec Total 692 BHT 114 Gravity _____ API RW .27 @ 65° F Chlorides 29,000 ppm

(A) Initial Hydrostatic 2233 Test 1250 T-On Location 22:05
 (B) First Initial Flow 22 Jars T-Started 22:44
 (C) First Final Flow 153 Safety Joint T-Open 1:12
 (D) Initial Shut-In 1070 Circ Sub T-Pulled 4:57
 (E) Second Initial Flow 160 Hourly Standby T-Out 7:45
 (F) Second Final Flow 329 Mileage 44- 68.20 Comments _____
 (G) Final Shut-In 1107 Sampler _____
 (H) Final Hydrostatic 2258 Straddle _____
 Shale Packer _____
 Extra Packer _____
 Extra Recorder _____
 Day Standby _____
 Accessibility _____
 Initial Open 30
 Initial Shut-In 45
 Final Flow 60
 Final Shut-In 90

Sub Total 1318.20 MP/DST Disc't _____
 Approved By Gary Gensch Our Representative _____

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TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 48420

Well Name & No. Wilkinson 1-18 Test No. 3 Date 9-11-12
 Company Eagle Creek Corporation Elevation 3154 KB 3146 GL
 Address _____
 Co. Rep / Geo. Gary Gensch Rig Wal #4
 Location: Sec. 18 Twp. 17S Rge. 34W Co. Scott State KS

Interval Tested 4446 4503 Zone Tested Marmaton A
 Anchor Length 57 Drill Pipe Run 4441 Mud Wt. 9.5
 Top Packer Depth 4441 Drill Collars Run — Vis 65
 Bottom Packer Depth 4446 Wt. Pipe Run — WL 8.0
 Total Depth 4503 Chlorides 7200 ppm System LCM 1

Blow Description IF: Sweet blow died in 7 min.
IS: No return.
FF: No blow.
FS: No return

Rec	Feet of	%gas	%oil	%water	%mud
<u>10</u>	<u>mud</u>			<u>100</u>	
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 10 BHT 109 Gravity — API RW — @ — °F Chlorides — ppm

(A) Initial Hydrostatic 2306 Test 1250 T-On Location 23:00
 (B) First Initial Flow 28 Jars T-Started 00:03
 (C) First Final Flow 33 Safety Joint T-Open 2:47
 (D) Initial Shut-In 903 Circ Sub NIL T-Pulled 4:47
 (E) Second Initial Flow 32 Hourly Standby T-Out 7:00
 (F) Second Final Flow 35 Mileage 44. 68.20 Comments _____
 (G) Final Shut-In 986 Sampler _____
 (H) Final Hydrostatic 2178 Straddle _____
 Ruined Shale Packer _____
 Ruined Packer _____
 Extra Packer _____
 Extra Recorder _____
 Day Standby _____
 Accessibility _____
 Sub Total 1318.20 Sub Total 0 Total 1318.20 MP/DST Disc't _____

Approved By _____ Our Representative [Signature]

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TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 48421

Well Name & No. Wilkinson 1-18 Test No. 4 Date 9-12-12
 Company Eagle Creek Corporation Elevation 3154 KB 3146 GL
 Address _____
 Co. Rep / Geo. Gary Gensch Rig U91 #4
 Location: Sec. 18 Twp. 17S Rge. 34W Co. Scott State KS

Interval Tested 4507 4529 Zone Tested Marmaton C
 Anchor Length 22 Drill Pipe Run 4501 Mud Wt. 9.2
 Top Packer Depth 4502 Drill Collars Run — Vis 66
 Bottom Packer Depth 4507 Wt. Pipe Run — WL 9.6
 Total Depth 4529 Chlorides 8500 ppm System LCM 1

Blow Description IF: BoB in 2 min.
IS: surface blow BoB in 40 min.
FF: BoB in 3 min.
FS: surface blow built to 3 in 90 min.

Rec	Feet of	%gas	%oil	%water	%mud
<u>434</u>	<u>90</u>	<u>40</u>	<u>60</u>		
<u>1054</u>	<u>90</u>	<u>30</u>	<u>70</u>		
<u>62</u>	<u>MC90</u>	<u>40</u>	<u>20</u>		<u>40</u>
	<u>434 GIP</u>				

Rec Total 1550 BHT 116 Gravity 32 API RW — @ — °F Chlorides — ppm

(A) Initial Hydrostatic 2264 Test 1250 T-On Location 17:20
 (B) First Initial Flow 45 Jars T-Started 17:33
 (C) First Final Flow 258 Safety Joint T-Open 19:42
 (D) Initial Shut-In 1290 Circ Sub T-Pulled 23:28
 (E) Second Initial Flow 268 Hourly Standby 4-25.00 T-Out 3:30
 (F) Second Final Flow 593 Mileage 44- 68.20
 (G) Final Shut-In 1283 Sampler
 (H) Final Hydrostatic 2176 Straddle Ruined Shale Packer
 Shale Packer Ruined Packer
 Extra Packer Extra Copies
 Extra Recorder
 Day Standby
 Accessibility

Initial Open 30
 Initial Shut-In 45
 Final Flow 60
 Final Shut-In 90
 Sub Total 0
 Total 1343.20
 MP/DST Disc't _____

Approved By Gary Gensch Our Representative [Signature]

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TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 48422

Well Name & No. Wilkinson 1-18 Test No. 5 Date 9-13-12
 Company Eagle Creek Elevation 3154 KB 3146 GL
 Address _____
 Co. Rep / Geo. Gary Gensch Rig U91 #4
 Location: Sec. 18 Twp. 17.5 Rge. 34W Co. Scott State KS

Interval Tested 4536 4549 Zone Tested Marmaton D
 Anchor Length _____ 13 Drill Pipe Run 4534 Mud Wt. 8.9
 Top Packer Depth _____ 4531 Drill Collars Run _____ Vis 60
 Bottom Packer Depth _____ 4536 Wt. Pipe Run _____ WL 9.6
 Total Depth _____ 4549 Chlorides 9500 ppm System LCM 1

Blow Description IF: BoB in 2 min.
IS: Surface blow built to 1/2 in 45 min.
FF: BoB in 5 min.
FS: Surface blow built to 1 in 90 min.

Rec	Feet of	%gas	%oil	%water	%mud
<u>625</u>	<u>90</u>	<u>15</u>	<u>85</u>		
<u>434</u>	<u>90</u>	<u>20</u>	<u>80</u>		
<u>434</u>	<u>MC96</u>	<u>20</u>	<u>75</u>		<u>5</u>
<u>62</u>	<u>90CM</u>	<u>30</u>	<u>10</u>		<u>60</u>

Rec Total 1555 BHT 117 Gravity 25 API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic 2286 Test 1250 T-On Location 12:20
 (B) First Initial Flow 39 Jars T-Started 13:07
 (C) First Final Flow 248 Safety Joint T-Open 15:24
 (D) Initial Shut-In 1263 Circ Sub T-Pulled 19:09
 (E) Second Initial Flow 260 Hourly Standby 1-100.00 T-Out 23:20
 (F) Second Final Flow 558 Mileage 44- 68.20 Comments _____
 (G) Final Shut-In 1262 Sampler _____
 (H) Final Hydrostatic 2131 Straddle _____ Ruined Shale Packer _____
 Shale Packer _____ Ruined Packer _____
 Extra Packer _____ Extra Copies _____
 Initial Open 30 Extra Recorder _____ Sub Total 0
 Initial Shut-In 45 Day Standby _____ Total 1418.20
 Final Flow 60 Accessibility _____ MP/DST Disc't _____
 Final Shut-In 90

Sub Total 1418.20

Approved By Gary Gensch Our Representative [Signature]

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.



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 48423

Well Name & No. Wilkinson 1-18 Test No. 6 Date 9-14-12
 Company Eagle Creek Elevation 3154 KB 3146 GL
 Address _____
 Co. Rep / Geo. Gary Genesch Rig W91 #4
 Location: Sec. 18 Twp. 17S Rge. 34W Co. Scott State KS

Interval Tested 4565 4603 Zone Tested Pawnee
 Anchor Length _____ 38 Drill Pipe Run 4563 Mud Wt. 8.9
 Top Packer Depth _____ 4560 Drill Collars Run _____ Vis 65
 Bottom Packer Depth _____ 4565 Wt. Pipe Run _____ WL 10.4
 Total Depth _____ 4603 Chlorides 9800 ppm System LCM 1

Blow Description IF: Weak blow died in 5 min.
FS: No return.
FF: No blow.
FS: NO return.

Rec	Feet of	%gas	%oil	%water	%mud
<u>5</u>	<u>mud</u>			<u>100</u>	
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 5 BHT 105 Gravity _____ API RW _____ @ _____ ° F Chlorides _____ ppm

(A) Initial Hydrostatic 2285 Test 1250 T-On Location 21:40
 (B) First Initial Flow 15 Jars 250 T-Started 22:50
 (C) First Final Flow 16 Safety Joint T-Open 00:54
 (D) Initial Shut-In 20 Circ Sub N/C T-Pulled 2:54
 (E) Second Initial Flow 16 Hourly Standby T-Out 5:30
 (F) Second Final Flow 17 Mileage 44- 68.20 Comments larded 7:30
 (G) Final Shut-In 19 Sampler on 9-17-12
 (H) Final Hydrostatic 2243 Straddle Ruined Shale Packer
 Shale Packer Ruined Packer 320
 Extra Packer Extra Copies
 Initial Open 30 Extra Recorder Sub Total 800+320
 Initial Shut-In 30 Day Standby 1d 26hrs Total 2688.20
 Final Flow 30 Accessibility MP/DST Disc't
 Final Shut-In 30

Sub Total 1568.20

Approved By _____ Our Representative [Signature]

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