



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: _____



1101864

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED OIL & GAS SERVICES, LLC ^{KB} 052605

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal KS.

Felice

DATE <u>8-8-12</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>1:30 PM</u>	JOB START <u>3:30 PM</u>	JOB FINISH <u>4:30 PM</u>
LEASE <u>Felice</u>	WELL# <u>3-12</u>	LOCATION <u>EAST OF LIBERAL, KS</u>			COUNTY <u>MEADE</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR STRAT LAND EXPLORATION CO OWNER _____

TYPE OF JOB 5 1/2" PRODUCTION LIS.

HOLE SIZE 7 7/8" T.D. 5600' CEMENT

CASING SIZE 5 1/2" DEPTH 5591.16 AMOUNT ORDERED 250# ACH 10% SALT 6% BIPSEAL

TUBING SIZE _____ DEPTH _____ 2% GEL SA/3K GUMMING 0.5% FL160

DRILL PIPE _____ DEPTH _____ 45% 60/40 'A' + 4% C-EN.

TOOL FC. 55-44.55' DEPTH _____

PRES. MAX 3500 PSI MINIMUM _____

MEAS. LINE _____ SHOE JOINT 46.61'

CEMENT LEFT IN CSG. 46.61'

PERFS. _____

DISPLACEMENT 131.96 bbls

EQUIPMENT

PUMP TRUCK	CEMENTER	<u>Michael Barrett</u>	<u>1</u>
# <u>531/541</u>	HELPER	<u>Kenny Daeza</u>	<u>1</u>
BULK TRUCK		<u>Ruben Chavez</u>	<u>1</u>
# <u>456-251</u>	DRIVER	<u>Vincente Torres</u>	<u>2</u>
BULK TRUCK			
# _____	DRIVER		

COMMON A	<u>27</u>	@	<u>16.25</u>	<u>438.75</u>
POZMIX	<u>18</u>	@	<u>8.50</u>	<u>153.00</u>
GEL	<u>2</u>	@	<u>21.25</u>	<u>42.50</u>
CHLORIDE		@		
ASC	<u>250</u>	@	<u>21.25</u>	<u>5312.50</u>
GILSONITE	<u>1000</u>	@	<u>0.89</u>	<u>890.00</u>
FL160	<u>94</u>	@	<u>17.20</u>	<u>1616.80</u>
PDEF	<u>28</u>	@	<u>8.90</u>	<u>249.20</u>
SPP	<u>500</u>	@	<u>1.27</u>	<u>635.00</u>
		@		
		@		
		@		
LIGHT VEHICLE	<u>35</u>	@	<u>4.00</u>	<u>140.00</u>
HANDLING	<u>359.8</u>	@	<u>2.10</u>	<u>755.58</u>
MILEAGE	<u>35</u>	@	<u>7.00</u>	<u>245.00</u>
	<u>548.95</u>			<u>2135.00</u>
TOTAL				

REMARKS:

THANK YOU!!

SERVICE

DEPTH OF JOB	<u>5600'</u>
PUMP TRUCK CHARGE	
EXTRA FOOTAGE	@ <u>7.00</u>
MILEAGE	<u>548.95</u> @ <u>3.5</u> = <u>1921.28</u>
MANIFOLD	<u>1</u> @ <u>200.00</u>
<u>LVH</u>	<u>35</u> @ <u>4.00</u>
	@ _____
TOTAL	

CHARGE TO: STRATLAND

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

5 1/2" TRIPLE	<u>73</u>	<u>1</u>	<u>73.00</u>
CENTRIZERS	<u>49</u>	@ <u>16</u>	<u>784.00</u>
COLLAR	<u>652</u>	@ <u>1</u>	<u>652.00</u>
SHOE	<u>520</u>	@ <u>1</u>	<u>520.00</u>
TIEMPKAMP CLAMP	<u>42</u>	@ <u>1</u>	<u>42.00</u>
THREADLOCK	<u>64</u>	@ <u>1</u>	<u>64.00</u>
TOTAL			<u>2135.00</u>

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 F.C. Dinger Jr.

SIGNATURE F.C. Dinger Jr.

SALES TAX (if _____)

TOTAL CHARGE 2135.00

DISCOUNT 236.64

NET 1898.36

IN 30 DAYS

RECEIVED

AUG 20 2012

H-40 DRILLING, INC. **ALLIED OIL & GAS SERVICES, LLC** KB
053390

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal, K.S.

DATE <u>8-01-12</u>	SEC. <u>12</u>	TWP. <u>33s</u>	RANGE <u>29w</u>	CALLED OUT	ON LOCATION	JOB START <u>3:00 Am</u>	JOB FINISH <u>4:00 Am</u>
LEASE <u>Felice</u>	WELL # <u>3-12</u>	LOCATION <u>600 East on Mead Rd</u>			COUNTY <u>Mead</u>	STATE <u>K.S.</u>	
OLD OR <u>(NEW)</u> (Circle one)		to CR 5 North to CR Q 6 1/2 E S 10 R 1, 01					<u>11.3</u>

CONTRACTOR H-40 #1
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 1511
 CASING SIZE 8 5/8 DEPTH 1509.13
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 42.13
 CEMENT LEFT IN CSG. 42.13
 PERFS.
 DISPLACEMENT

OWNER
 CEMENT
 AMOUNT ORDERED Lead 575 SK 6513516
ged 3% cc 1/4 # Floxead
150 SK Class A 3% cc 2-4-4

EQUIPMENT
 PUMP TRUCK CEMENTER Kenny B 1
#549-550 HELPER Cesar Pavia 2
 BULK TRUCK
#456-251 DRIVER TWS Hand
 BULK TRUCK
#527 Field Driver Kenny B

COMMON 150 @
 POZMIX @
 GEL 3 @
 CHLORIDE 2.4 @
 ASC @
 Light Weight 575 @
 Floxead 144 @
 @
 @
 @
 @
 @
 @
 @
 HANDLING 823.40 @
 MILEAGE 1308.4 @ 3.35
 TOTAL

REMARKS:

THANK YOU!!

SERVICE
 DEPTH OF JOB
 PUMP TRUCK CHARGE
 EXTRA FOOTAGE @
 MILEAGE 35 @ 7.00
 MANIFOLD 1 @ 200.0
 Light V Mileage 35 @ 4.00
 @
 TOTAL 2510.00

CHARGE TO: H-40 Drilling
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT
 Rubber Plug 1 @ 112.00 112.00
 A&E Insect 1 @ 382.00 382.00
 Inside Shoe 1 @ 394.00 394.00
 Centralizer 2 @ 64.00 128.00
 @

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PRINTED NAME Ronald Rivers
 SIGNATURE [Signature]

SALES TAX (If Any)
 TOTAL CHARGES
 DISCOUNT 31