



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: _____



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 Bbbs.	Gas Mcf	Water Bbbs.	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 CEMENTING CO., LLC. 037902

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Medicine Lodge, KS

DATE <i>12-1-2011</i>	SEC <i>22</i>	TWP <i>32s</i>	RANGE <i>13W</i>	CALLED OUT <i>3:30 AM</i>	ON LOCATION <i>3:30 AM</i>	JOB START <i>7:00 AM</i>	JOB FINISH <i>2:30 PM</i>
SPENCER'S LEASE <i>Bluff</i>				WELL # <i>4</i>		LOCATION <i>1600 Twin Peaks Rd, 2 1/2 S to P's Sign, W/into</i>	
OLD OR (NEW) (Circle one)						COUNTY <i>Osborne</i>	STATE <i>KS</i>

CONTRACTOR <i>Ninescch Drilling</i>	OWNER <i>L B Exploration</i>
TYPE OF JOB <i>Spike</i>	
HOLE SIZE <i>12 1/4</i>	T.D. <i>355'</i>
CASING SIZE <i>8 5/8</i>	DEPTH <i>345'</i>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <i>20'</i>	
PERFS.	
DISPLACEMENT <i>21 bbls of Fresh water</i>	

CEMENT		
AMOUNT ORDERED	<i>300 sacks Class A + 2% G.C.</i>	
	<i>3% cc</i>	
COMMON	<i>300 sacks</i>	<i>16.25</i>
POZMIX	@	
GEL	<i>6 SACKS</i>	<i>21.95</i>
CHLORIDE	<i>11 SACKS</i>	<i>88.20</i>
ASC	@	
HANDLING <i>37</i>		<i>2.95</i>
MILEAGE <i>10 x 317 x .11</i>		<i>713.25</i>
		<i>348.70</i>
TOTAL		<i>\$1674.65</i>

EQUIPMENT	
PUMP TRUCK	CEMENTER <i>Derin F</i>
# <i>360-265</i>	HELPER <i>Jason T.</i>
BULK TRUCK	
# <i>364</i>	DRIVER <i>Dawn M.</i>
BULK TRUCK	
#	DRIVER

REMARKS:
*Pipe on bottom & brook circulation
 Pump 3 bbls fresh water 9 hrs, mix
 500 lbs of cement, Shut down, Release
 Plug, Start displacement, Pump 21
 bbls of Fresh water, Shut in cement
 and Circulate*

SERVICE		
DEPTH OF JOB	<i>345'</i>	
PUMP TRUCK CHARGE	<i>1125.00</i>	
EXTRA FOOTAGE	<i>49</i>	@ <i>N/C</i>
MILEAGE	<i>20</i>	@ <i>7.00</i>
MANIFOLD	<i>Head rents</i>	@ <i>200.00</i>
light vehicle	<i>20</i>	@ <i>4.00</i>
		@ <i>86.00</i>
TOTAL		<i>\$1545.00</i>

CHARGE TO: *L B Exploration*
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT		
<i>8 5/8</i>		
1-wooden Plug	@	<i>92.00</i>
	@	
	@	
	@	
	@	
TOTAL		<i>\$92.00</i>

To Allied Cementing Co., 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	<i>\$871.65</i>
DISCOUNT	<i>20%</i>
	IF PAID IN 30 DAYS
	<i>net \$707.32</i>

PRINTED NAME *X*
 SIGNATURE *[Handwritten Signature]*
Thank you!!

BASIC

energy services, L.P.

TREATMENT REPORT

Customer <i>L.B. Exploration</i>		Lease No.		Date <i>12-9-11</i>	
Lease <i>Sparcus Bluff</i>		Well # <i>4</i>			
Field Order # <i>5491</i>	Station <i>Pratt</i>	Casing <i>5 7/8"</i>	Depth <i>5017</i>	County <i>Barber</i>	State <i>KS</i>
Type Job <i>CNW-5 1/2 KS</i>			Formation	Legal Description <i>20-32-13</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<i>5 7/8"</i>			<i>1650</i>	<i>AA2 conc</i>				5 Min.
Depth <i>5017</i>	Depth	From	To	Pre Pad <i>1.54/10</i>		Max		
Volume <i>13.4</i>	Volume	From	To <i>5024</i>	Pad <i>65/40 R/L</i>		Min		10 Min.
Max Press <i>1510</i>	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth <i>11:45</i>	Packer Depth	From	To	Flush <i>111.3</i>		Gas Volume		Total Load

Customer Representative <i>Michael P...</i>	Station Manager <i>Don Scott</i>	Treater <i>Steve Oelands</i>
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Service Units <i>2723</i>	<i>27463</i>	<i>17832</i>	<i>21010</i>					
Driver Names <i>Don Scott</i>	<i>Michael</i>	<i>McCaskey</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>10:00</i>					On location - Safety meeting Run 119 5/8 5 1/2 Casing Packer Shoe on Bottom 475.5. Control valves 1-3-5-2-8-11-14-15 Casing on Bottom Break check/R/S Set Packer Shoe
<i>11:10</i>	<i>300</i>		<i>20</i>	<i>5</i>	KCL H2O
<i>11:15</i>	<i>300</i>		<i>5</i>	<i>5</i>	H2O spacer
<i>11:16</i>	<i>300</i>		<i>12</i>	<i>5</i>	mod flush
<i>11:19</i>	<i>300</i>		<i>5</i>	<i>5</i>	H2O spacer
<i>11:30</i>	<i>250</i>		<i>45</i>	<i>5</i>	mix 1650x AA2 conc w/ 14.8% oil Shut Down Clear punch line Release Plug
<i>11:34</i>	<i>0</i>		<i>0</i>	<i>6</i>	Start H2O Displacement
<i>11:40</i>	<i>400</i>		<i>100</i>	<i>5</i>	Left Pressure
<i>11:43</i>	<i>600</i>		<i>110</i>	<i>4</i>	Slow Rate
<i>11:45</i>	<i>1500</i>		<i>101.3</i>	<i>4</i>	plug Down - Hold mix 300x RH - 200x RH Check and Tighten Tub Connections Tracker Shows

10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383

Taylor Printing, Inc. 620-672-9656



DRILL STEM TEST REPORT

Prepared For: **LB Exploration LLC**

2135 2ND Road
Holyrood, Kansas 67450+9021

ATTN: Kurt Talbott

22/32S/13W/Barber

Spencers Bluff #4

Start Date: 2011.12.05 @ 21:18:00

End Date: 2011.12.06 @ 06:03:30

Job Ticket #: 18810 DST #: 1

Superior Testers Enterprises LLC
PO Box 138 Great Bend KS 67530
1-800-792-6902

Printed: 2011.12.09 @ 14:57:22

LB Exploration LLC
Spencers Bluff #4
22/32S/13W/Barber
DST # 1
Massy/Mississippi
2011.12.05



DRILL STEM TEST REPORT

LB Exploration LLC
 2135 2ND Road
 Holyrood, Kansas 67450+9021
 ATTN: Kurt Talbott

Spencers Bluff #4
22/32S/13W/Barber
 Job Ticket: 18810 DST#: 1
 Test Start: 2011.12.05 @ 21:18:00

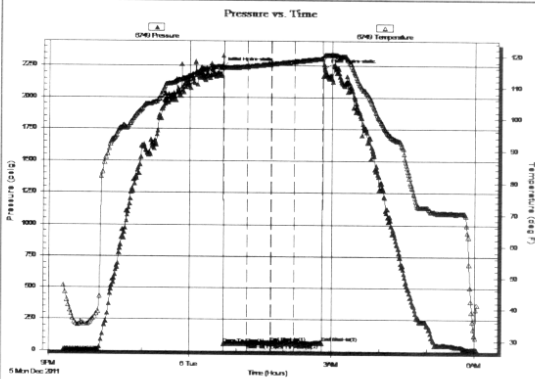
GENERAL INFORMATION:

Formation: **Massy/Mississippi**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 00:43:30
 Time Test Ended: 06:03:30
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Ken Swinney
 Unit No: 3325 Pratt/78
 Interval: 4370.00 ft (KB) To 4420.00 ft (KB) (TVD)
 Total Depth: 4420.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Reference Elevations: 1654.00 ft (KB)
 1641.00 ft (CF)
 KB to GR/CF: 13.00 ft

Serial #: 6749

Inside
 Press@RunDepth: 65.57 psig @ 4416.00 ft (KB) Capacity: 5000.00 psig
 Start Date: 2011.12.05 End Date: 2011.12.06 Last Calib.: 2011.12.06
 Start Time: 21:19:00 End Time: 06:04:00 Time On Btm: 2011.12.06 @ 00:42:00
 Time Off Btm: 2011.12.06 @ 02:51:00

TEST COMMENT: 1ST Open 30 Minutes/Weak blow /Blow built to 1/4 inch/Blow died in 27 minutes
 1ST Shut In 30 Minutes/No blow back
 2ND Open 30 Minutes/No blow
 2ND Shut In 30 Minutes/No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2234.31	116.57	Initial Hydro-static
2	55.83	116.36	Open To Flow (1)
31	58.91	116.62	Shut-In(1)
61	67.55	117.36	End Shut-In(1)
62	58.78	117.39	Open To Flow (2)
91	60.81	118.21	Shut-In(2)
126	65.57	119.19	End Shut-In(2)
129	2222.86	120.29	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
15.00	Mud 100%	0.22

Gas Rates

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



DRILL STEM TEST REPORT

FLUID SUMMARY

LB Exploration LLC
 2135 2ND Road
 Holyrood, Kansas 67450+9021
 ATTN: Kurt Talbott

Spencers Bluff #4
22/32S/13W/Barber
 Job Ticket: 18810 DST#: 1
 Test Start: 2011.12.05 @ 21:18:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 10.00 lb/gal	Cushion Length:	Water Salinity:	ppm
Viscosity: 50.00 sec/qt	Cushion Volume:		
Water Loss: 8.79 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure:		
Salinity: 5800.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
15.00	Mud 100%	0.219

Total Length: 15.00 ft Total Volume: 0.219 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:

Serial #: 6749 Inside LB Exploration LLC 22/32S13W/Barber DST Test Number: 1

