



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: _____



1125083

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
<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
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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33587

SKYY DRILLING LLC

DAILY DRILLING REPORT

OPERATOR Isai DATE 7-20-2012
 LEASE NAME _____ LOCATION _____ FEL/FWL _____ FSL/FNL _____
 (FROM SECTION LINE)

WELL NO. BSP-TX1 RIG NO. _____ SEC. _____ TWP. _____ RA _____ COUNTY Franklin

FORMATION	FROM	TO	FIRST TOWER:	HOURS WORKED
Soil	0	2	DRILLER: _____	
Shale	2	11	TOOL DRESSER: _____	
lime	11	43	REMARK: _____	
Shale	43	118	Shale 612-616	
lime	118	138	lime mix oil and gas smear 616-620	
Shale	138	159	Shale 620-662	
lime	159	173	lime 662-664	
Red bed	173	176	Shale 664-690	
Shale	176	202	lime 690-692	
lime	202	217	Top oil sand 692-700	
Shale	217	231	Shale 701-736	
lime	231	259	Coal 736-740 well drill 755 ft	
Shale	259	268	Shale 740	

FORMATION	FROM	TO	SECOND TOWER:	HOURS WORKED
lime	268	294	DRILLER: _____	
Coal	294	297	TOOL DRESSER: _____	
lime	297	308	REMARK: Caseing Pipe fail	
Shale	308	477	1 316	12 319 23 315
lime	477	488	2 309	13 309 24 315
Shale	488	514	3 31	14 317
Coal	514	518	4 304	15 315
Shale	518	545	5 319	16 308 TD=745 8
lime	545	547	6 31	17 282
Shale	547	550	7 30	18 298
lime	550	552	8 316	19 308
Shale	552	608	9 315	20 319
lime	608	609	10 315	21 316
Shale Coal	609	612	11 309	22 311





CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 37490
LOCATION Ottawa KS
FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/26/12	2579	Thoele BSP-TS.1	29	18	21	FR
CUSTOMER			TRUCK #			
Emerix Resources Inc			506	FreMad	Safety	Mt
MAILING ADDRESS			495	Ka Car	KC	
18975 Grandview Dr			368	Del Mas	DM	
CITY	STATE	ZIP CODE	548	MikHaa	MH	
Overland Park	KS	66210				
JOB TYPE Longstrdy	HOLE SIZE 5 7/8	HOLE DEPTH 754	CASING SIZE & WEIGHT 2 1/8 EUE			
CASING DEPTH 747	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING 2 1/2" Plug			
DISPLACEMENT 4.34	DISPLACEMENT PSI	MIX PSI	RATE 5 BPM			

REMARKS: Establish circulation. Mix Pump, 200# Gal Flush. Mix Pump 98 sks 70/30 Poz Mix Cement 20 Gal 5% Salt 1/2 Pheno Seal /sk. Cement to Surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TD. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

Skyy Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	20 mi	MILEAGE	495	80 ⁰⁰
5402	747	Casing footage		N/C
5407	1/2 minimum	Ton Miles	548	175 ⁰⁰
5522c	1 1/2 hr	50 BBL Vac Truck	369	135 ⁰⁰
1127	98 SKS	70/30 Poz Mix Cement		1244 ⁶⁰
1158	273#	Premium Gel		57 ³⁰
1111	199#	Granulated Salt		73 ⁶³
1107A	49#	Pheno Seal		63 ³¹
4402	1	2 1/2" Rubber Plug		26 ⁰⁰
			7.8%	SALES TAX 11440
				ESTIMATED TOTAL 3001 ¹⁷

RAVIN 3737
AUTHORIZATION No co. Rep on site TITLE _____ DATE _____

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.