



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
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

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



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 38485
LOCATION 180
FOREMAN LARRY STORM

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

FIELD TICKET & TREATMENT REPORT
CEMENT APT 15-079-20699-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-4-13	4897	Bartel #3	19	243	3W	NARUCCY

TRUCK #	DRIVER	TRUCK #	DRIVER
603	STETT		
491	LARMERY #1		
534	LARMERY		

CUSTOMER	STATE	ZIP CODE
Lachemayr Oil LLC	KS	67114
MAILING ADDRESS		
P.O. Box 526		
CITY	Newtow	

JOB TYPE Surface B HOLE SIZE 17" HOLE DEPTH 313 CASING SIZE & WEIGHT 1338
 CASING DEPTH 312 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.2 SLURRY VOL 77.85 WATER gal/sk 7.0 CEMENT LEFT in CASING 284
 DISPLACEMENT 49.14 DISPLACEMENT PSI 275 MIX PSI 0 RATE _____
 REMARKS: Rigged up to 1338 - Pumped 5 bbls Freshwater - MAILED 0.5% SKS CLASS A + 3% CACL2 + 2% GEL + 1/2 lb Poly per sk - Displaced Cement with 46 bbls Freshwater - Circulated Cement to Surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	825.00	825.00
5406	576	MILEAGE	4.00	224.00
11045	255	sk A	14.95	3812.25
1102	640	lbs CACL2	.74	472.60
1118B	500	lbs Gel	.21	105.00
1107	125	lbs Poly-Flake	2.35	293.75
5407 A	56	Bulk Delivery by 10.0-bus X	1.34	900.48
		<u>Subtotal</u>		<u>6634.08</u>
		SALES TAX		<u>388.83</u>
		ESTIMATED TOTAL		<u>10222.91</u>

Ravin 3737

AUTHORIZATION William Larson TITLE _____ DATE 2/5/13

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.



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Lachenmayr Oil LLC

19-22s-3w Harvey Ks.

P.O.Box 526
New ton Ks. 67114

Bartel #3

Job Ticket: 50840

DST#: 1

ATTN: Shawn Deenihan

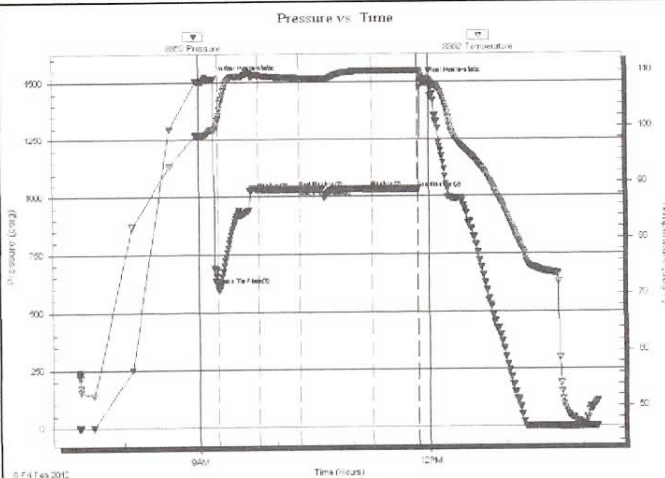
Test Start: 2013.02.08 @ 07:25:04

GENERAL INFORMATION:

Formation: **Miss.**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 09:14:49
 Time Test Ended: 14:11:34
 Interval: **3186.00 ft (KB) To 3244.00 ft (KB) (TVD)**
 Total Depth: 3244.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition:
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Gary Pevoteaux
 Unit No: 56
 Reference Elevations: 1454.00 ft (KB)
 1444.00 ft (CF)
 KB to GR/CF: 10.00 ft

Serial #: 8352 Outside
 Press@RunDepth: 1032.17 psig @ 3187.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2013.02.08 End Date: 2013.02.08 Last Calib.: 2013.02.08
 Start Time: 07:25:04 End Time: 14:11:34 Time On Btm: 2013.02.08 @ 09:11:34
 Time Off Btm: 2013.02.08 @ 11:53:34

TEST COMMENT: IF: Strong blow . B.O.B. in 30 secs. Comment: 12 - 15' of fill on btm. Slid tool to btm.
 IS: No blow .
 FF: No blow . Flushed tool 24 mins. in to FFP. Strong blow .B.O.B. in 30 secs. decreasing later in flow .
 FS: No blow .



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1515.98	99.56	Initial Hydro-static
4	613.62	101.45	Open To Flow (1)
35	1031.17	109.17	Shut-In(1)
68	1032.07	108.66	End Shut-In(1)
68	1032.07	108.66	Open To Flow (2)
124	1032.17	109.97	Shut-In(2)
160	1031.53	109.90	End Shut-In(2)
162	1503.90	109.16	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	220 ft.of GIP	0.00
225.00	GCMW 4%g 41%w 55%m	3.16
125.00	GCMW 3%g 15%m 82%w	1.75
1770.00	GCW 3%g 97%w	24.83

Gas Rates

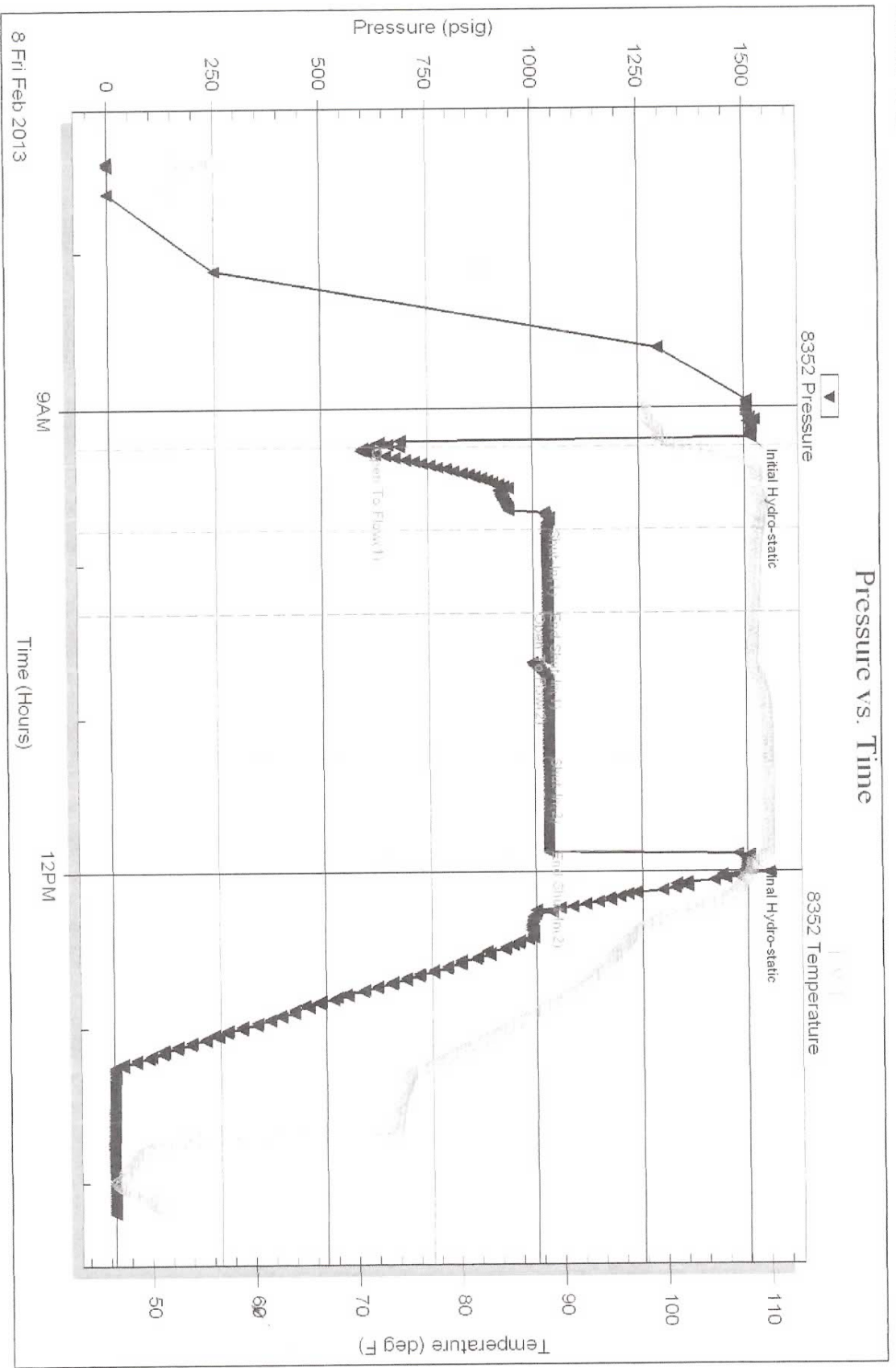
	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

Serial #: 8352

Outside Lachemayr Oil LLC

Barrel #3

DST Test Number: 1



Trioble Testing, Inc

Ref. No: 50940

Printed: 2013.02.08 @ 14:30:42