



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
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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

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 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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Marc Downing

Consulting Petroleum Geologist

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Hays, KS 67601

Phone: (316) 228-1356 (cell) 785-624-7056

GEOLOGIC

REPORT

LOG

COMPANY Petroleum Hill Oil + Gas, Inc.

WELL Nelson # 5-7

FIELD Wildcat

LOCATION 374' FNL + 1462' FUL

SEC. 7 TWP. 11s RGE. 21w

COUNTY Trego

STATE Kansas

OPERATOR PHOG

CONTRACTOR Integrity, Rig #7

COMM: 11-23-12 COMP: 11-28-12

CASING RECORD

SIZE 4 1/2" @ 270' PROD: 5 1/2" @ 3869'

TOTAL DEPTH DRILLER: 3870'

TOTAL DEPTH LOG: 3849'

PRODUCTION Arb, Marm, LKC

ELEVATION KB 2131

DF

GL 2122

KB

Logging Measuring from

Stratigraphic Saved From: 3350 TO

Logging From: 3100 TO

Sampler Examined from: 3350 TO

Geological Super Log from: 3100

Field Site Geologist: Marc Downing

Field Site Geologist: Nabors

CNL/COL - OIL

MEL - Sonic/Free Finder

FORMATION TOPS AND STRUCTURAL POSITION

FORMATION	SAMPLE TOP	ELECTRIC LOG TOP	SUB SEA DATA	STRUCTURAL POSITION
Top Anhydrite	NA	1586	+545	+10
Base Anhydrite	NA	1633	+498	NA
Topeka	3163	NA	-1032	NA
NEEBAWA	3370	3372	-1241	+3
Taranta	3394	3396	-1265	+6
LKC	3467	3410	-1279	+4
BKC	3647	3650	-1519	+4
Marmaton	3709	3712	-1581	NA
Arbuckle	3770	3773	-1642	-3

REFERENCE WELL FOR STRUCTURE Aurora Gasoline Co.

Maurice Osborne NE-NE-NW Sec. 7-11s-21w



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39207
LOCATION Oakley
FOREMAN Fuzzy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

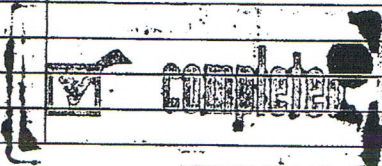
DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-28-12	6352	Nelson S-7	7	11S	21W	Trego
CUSTOMER Pelican Hill Oil & Gas			5 Gallons N. Rd D 26. 1314W 42E 5.7			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			463	Gary D		
STATE			693	Tim W		
ZIP CODE						

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 15.5
CASING DEPTH 3867 27 DRILL PIPE _____ TUBING _____ *53 OTHER PC-1607
SLURRY WEIGHT 18.8 1/4 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT in CASING 20 98
DISPLACEMENT 91.5 33 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Integrity #7. Flood equip - Cent #2,3,4,5,6, 7, 9, 10, 12, 15, 2 Scratchers. 4 each 1" x 10 Jts Baskets #3 #13 #53 Port Collar Top of #53 Rise up and circulate. 1hr 10 mins Pump SBBH water, 500 gal mud flush, 20 BBL 2% KCL water. Mix 30SKS w/ R.H. mix 19SKS OWC w/ 5# Kol-Seal down 5 1/2 casing. Wash pump and lines. Drop plug and displace 90 1 1/2 BBLs. 800' lift 1200' land plug. Float held

Thanks Fuzzy & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3020.00	3020.00
5406	60	MILEAGE	5.00	300.00
5407A	10.6 ton	Tow. mileage Delivery	100.00	1062.00
1126	22 Saks	OWC	22.55	5073.75
1110A	1125 #	Kol Seal	.56	630.00
1215	2 gal	RCL	35.20	71.40
1144B	500 gal	mud flush	1.00	500.00
4159	1	5 1/2 - ATU Float shoe (w)	413.00	413.00
4454	1	5 1/2 - hatchdown Assy (w)	567.00	567.00
4130	10	5 1/2 - centralizers (w)	58.00	580.00
4104	3	5 1/2 - Baskets (w)	276.00	828.00
4285	1	5 1/2 - Port Collar (w)	2075.00	2075.00
4314	40	5 1/2 - Recip Scratchers	78.00	3120.00
		subtotal		18240.75
		less 10%		1824.08
		subtotal		16416.67
		SALES TAX		843.75
		ESTIMATED TOTAL		17260.42



Ravin 3737

AUTHORIZATION [Signature] 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.

254985