



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 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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ALLIED OIL & GAS SERVICES, LLC 059176

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Great Bend

DATE <u>12/6/12</u>	SEC. <u>25</u>	TWP. <u>18</u>	RANGE <u>10</u>	CALLED OUT <u>7:00 AM</u>	ON LOCATION <u>9:30 AM</u>	JOB START <u>12:14 PM</u>	JOB FINISH <u>3:45 PM</u>
LEASE <u>Sheet</u>	WELL# <u>1</u>	LOCATION <u>281, E 30, N 156, E 4</u>			COUNTY <u>Alice</u>	STATE <u>KS</u>	
OLD OR NEW? (Circle one)				<u>S 6th Rd, E AVE F</u>		<u>2-03</u>	

CONTRACTOR Castle Resources OWNER _____

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8 T.D. 3290

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 3245

TOOL _____ DEPTH _____

PRES. MAX 500 MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

CEMENT

AMOUNT ORDERED 190 sk 60/40

4 1/2 Gal, 1/4 lb. Flake

COMMON	<u>114</u>	@ <u>17.90</u>	<u>2,040.60</u>
POZMIX	<u>76</u>	@ <u>9.35</u>	<u>710.40</u>
GEL	<u>7</u>	@ <u>23.70</u>	<u>162.80</u>
CHLORIDE		@	
ASC		@	
<u>16 seal</u>	<u>48</u>	@ <u>2.97</u>	<u>142.56</u>
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>204.86</u>	@ <u>2.48</u>	<u>508.05</u>
MILEAGE	<u>8.54 x 27 x</u>	<u>2.60</u>	<u>599.58</u>
			TOTAL <u>4,165.11</u>

EQUIPMENT

PUMP TRUCK CEMENTER Patrick Helgeson
224 HELPER Josh Isaac

BULK TRUCK
341 DRIVER Alan Generoux

BULK TRUCK
_____ DRIVER _____

REMARKS:

CHARGE TO: Castle Resources

STREET _____

CITY _____ STATE _____ ZIP _____

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 Cecil Akrida

SIGNATURE [Signature]

SERVICE

DEPTH OF JOB 3245

PUMP TRUCK CHARGE 1,250.00

EXTRA FOOTAGE @ _____

MILEAGE Hum 27 @ 7.70 207.90

MANIFOLD Hum 27 @ 4.40 118.80

TOTAL 1,576.70

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) 419.15

TOTAL CHARGES 5,741.81

DISCOUNT 25.28 1,435.40 IF PAID IN 30 DAYS

4,306.36

QUALITY WELL SERVICE, INC.

5740

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date <u>10-29-12</u>	Sec. <u>25</u>	Twp. <u>18</u>	Range <u>10</u>	County <u>Rice</u>	State <u>KS</u>	On Location	Finish <u>5:30-6:00pm</u>
Lease <u>Short</u>	Well No. <u>1</u>		Location <u>Aughton, KS 1/2 E 6 S 1/2 E N. 10</u>				
Contractor <u>Precision Drilling</u>				Owner			
Type Job <u>Surface</u>				To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size <u>12 1/4</u>	T.D. <u>293</u>			Charge To <u>Castle Resources</u>			
Csg. <u>8 5/8</u>	Depth <u>282</u>			Street			
Tbg. Size	Depth			City			
Tool	Depth			State			
Cement Left in Csg. <u>15-ft</u>	Shoe Joint			The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line	Displace <u>17 bbl</u>			Cement Amount Ordered <u>175 sx com 3% (C 2% gel)</u>			
EQUIPMENT							
Pumptrk No. <u>8</u>	<u>Coaly</u>			Common <u>175</u>			
Bulktrk No. <u>9</u>	<u>mike</u>			Poz. Mix			
Bulktrk No.				Gel. <u>3</u>			
Pickup No.				Calcium <u>6</u>			
JOB SERVICES & REMARKS							
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
<u>Ran 11 sts of 8 5/8 and landing 1+</u>				Sand			
				Handling <u>184</u>			
<u>Est Circulation - mixed 175 sx and disp 17 bbl of H2O - shut in @ 300 psi</u>				Mileage <u>30</u>			
FLOAT EQUIPMENT							
				Guide Shoe			
				Centralizer			
				Baskets			
				AFU Inserts			
<u>Cement Did Circulate!!</u>				Float Shoe			
				Latch Down			
				Pumptrk Charge <u>Surface</u>			
				Mileage <u>30</u>			
<u>Thank You!!</u>							
				Tax			
				Discount			
				Total Charge			
<input checked="" type="checkbox"/> Signature							