



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: _____



1137745

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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

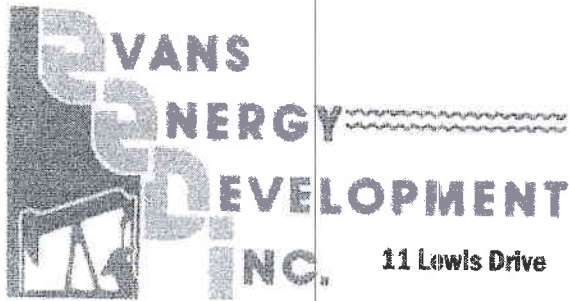
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

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



11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

L & P Enterprises, LLC

Donner #I-10

API#15-121-29,463

March 1 - March 2, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
11	soil & clay	11
6	lime	17
12	shale	29
27	lime	56
2	shale	58
24	lime	82
90	shale	172
18	lime	190
32	shale	222
5	lime	227
36	shale	263
15	lime	278
14	shale	292
25	lime	317 oil show
8	shale	325
23	lime	348
3	shale	351
5	lime	356
3	shale	359
6	lime	365 base of the Kansas City
23	shale	388
1	grey sand	389
4	broken sand	393 brown & green, good bleeding
1	grey sand	394
5	oil sand	399 brown & green, good bleeding
6	broken sand	405 green & gray, good bleeding
70	shale	475
8	oil sand	483 hard green sand, ok bleeding
53	shale	536
7	lime	543 oil show
5	shale	548
2	lime	550
26	shale	576
7	lime	583
1	shale	584
1	lime	585
12	shale	597
5	lime	602
2	shale	604
1	coal	605

10	shale	615
2	lime	617
3	shale	620
4	lime	624
8	shale	632
5	lime	637
18	shale	655
3	broken sand	658 50% brown sand, 50% green shale, ok bleeding
4.5	oil sand	662.5 brown sand, good bleeding, (gassy)
4.5	broken sand	667 50% brown sand, 50% green shale, ok bleeding
2	silty shale	669
1.5	broken sand	670.5 30% brown sand, 70% shale, ok bleeding
4.5	silty shale	675
46	shale	721 TD

Drilled a 9 7/8" hole to 21.5'

Drilled a 5 5/8" hole to 721'

Set 21.5' of 7" surface casing cemented with 6 sacks of cement

Set 711' of 2 7/8" threaded and coupled 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp

Core Times	
<u>Minutes</u>	<u>Seconds</u>
655	34
656	43
657	48
658	58
659	57
660	57
661	53
662	53
663	53
664	56
665	51
666	1 3
667	56
668	1 4
669	58
670	1 8
671	1 11
672	1 7
673	59
674	46



CONSOLIDATED
Oil Well Services, L.L.C.

257253

TICKET NUMBER 38876

LOCATION DHau

FOREMAN Alan Madge

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

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
3-4-13	4828	Donner	T-10	NW 3	17	21	MI
CUSTOMER				TRUCK #	DRIVER	TRUCK #	DRIVER
L & P Enterprises				516	Ala Mad	Safety	Meat
MAILING ADDRESS				368	Al Mad	MM	
29975 Indianapolis				369	Der Mas	JM	
CITY	STATE	ZIP CODE		538	Be Man	BM	
Paola	KS	66071					
JOB TYPE	long string	HOLE SIZE	5 5/8	HOLE DEPTH	721	CASING SIZE & WEIGHT	2 7/8
CASING DEPTH	711	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	yes
DISPLACEMENT	4.1	DISPLACEMENT PSI	800	MIX PSI	200	RATE	45 gpm

REMARKS: held safety meet. Hooked to casing. Established rate. Mixed & pumped 100# gel followed by 105 sls 50/150 cement plug 270 gal. Circulated cement. Flushed pump. Pumped plug to casing TD well held 800 PSI. for 30 minute MFT. Set float. Closed valve.

Evans Mitchell

Alan Madge

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030.00
5406	25	MILEAGE	368	100.00
3402	711'	casing footage	368	
5407	min	ton miles		350.00
3502C	2	80 val		180.00
1124	105	50/150 cement		1149.75
118B	276#	gel		57.96
4402	1	2 1/2 plug		28.00
			SALES TAX	93.30
			ESTIMATED TOTAL	2989.01

Revin 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 for