



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: _____



1147398

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				

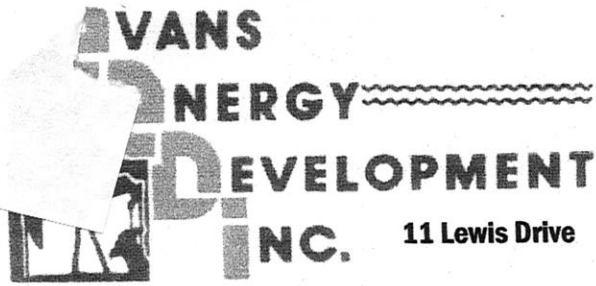
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

Kansas Resource Exploration & Development, LLC

Guetterman #KRI-12

API # 15-091-23,956

November 21 - November 26, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
22	shale	30
5	lime	35
10	shale	45
16	lime	61
9	shale	70
7	lime	77
9	shale	86
18	lime	104
17	shale	121
10	lime	131
2	shale	133
8	lime	141
6	shale	147
50	lime	197
24	shale	221
9	lime	230
15	shale	245
8	lime	253
9	shale	262
5	lime	267
7	shale	274
3	lime	277
21	shale	298
2	lime	300
11	shale	311
7	lime	318
2	shale	320
15	lime	335
6	shale	341
22	lime	363
5	shale	368
4	lime	372
5	shale	377
5	lime	382 base of the Kansas City
173	shale	555
4	lime	559 oil show
17	shale	576
6	lime	582

13	shale	595
2	lime	597
5	shale	602
4	lime	606
11	shale	617
3	lime	620
15	shale	635
2	lime	637
15	shale	652 red
1	lime	653
11	shale	664
1	lime	665
54	shale	719
3	broken sand	722 brown & grey, light bleeding, gassy
2	oil sand	724 brown, ok bleeding
2	broken sand	726 brown & grey, ok bleeding
36	shale	762
2	lime	764
10	shale	774
1	coal	775
44	shale	819
1	coal	820
5	shale	825
1	lime	826
14	shale	840
1	silty shale	841
2	lime	843
3	broken sand	846 90% brown 10% white, good bleeding
2	oil sand	848 brown, good bleeding
3	broken sand	851 brown & grey sand, light bleeding
35	shale	886 TD

Drilled a 9 7/8" hole to 23.6'

Drilled a 5 5/8" hole to 886'

Set 23.6' of 7" surface casing cemented with 6 sacks of cement

Set 875.5' of 2 7/8" 8 round upset tubing, with 3 centralizers, 1 float shoe, & 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 38906

LOCATION Ottawa

FOREMAN Alan Madec

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-26-12	4448	Gatterman KR1-12	NW 20	14	22	JD
CUSTOMER Kansas Resources EtD						
MAILING ADDRESS 9393 W 110th						
CITY Overland Park		STATE KS	ZIP CODE 66210			
JOB TYPE Long string		HOLE SIZE 5 5/8	HOLE DEPTH 886	CASING SIZE & WEIGHT 2 7/8		
CASING DEPTH 875		DRILL PIPE	TUBING	OTHER		
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING yes		
DISPLACEMENT		DISPLACEMENT PSI 800	MIX PSI 200	RATE 4 1/2 pm		

REMARKS: Held crew meet. Established rate. Mixed + pumped 100# gel followed by 124 sk 50/50 cement plus 2 7/8 gel + 1/2 phenoseal per sack. Circulated cement. Flushed pump. Pumped plugs to casing T.D. Well held 800 PSI. Set float. Closed valve.

Evans, Mitchell

Alan Madec

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE	368	1030.00	
5406	30	MILEAGE	368	120.00	
5402	875	casing footage	368	322.00	
5407	Min	700 miles	558	350.00	
5502C	2	80 gal	675	180.00	
1124	124	50/50 cement		1357.80	
1118J	308#	gel		164.68	
1107A	31#	phenoseal		39.99	
11402	2	2 1/2 Plug		56.00	
				SALES TAX	114.26
				ESTIMATED TOTAL	3312.23

AUTHORIZATION _____ 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.

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