



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: _____



1147976

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

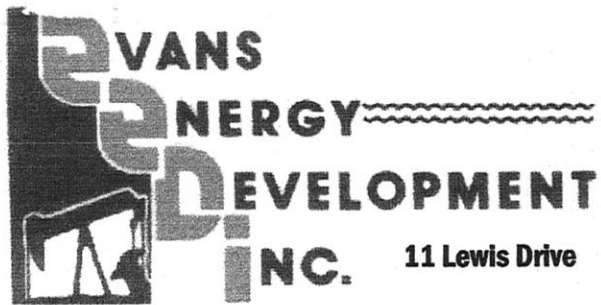
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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
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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-26

API # 15-091-23,975

December 3 - December 5, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
21	soil & clay	21
11	shale	32
3	lime	35
9	shale	44
15	lime	59
10	shale	69
9	lime	78
8	shale	86
17	lime	103
20	shale	123
23	lime	146
14	shale	160
39	lime	199
20	shale	219
9	lime	228
17	shale	245
10	lime	255
5	shale	260
20	lime	280
31	shale	311
7	lime	318
4	shale	322
17	lime	339 oil show
1	shale	340
7	lime	347
7	shale	354
11	lime	365
4	shale	369
5	lime	374
2	shale	376
6	lime	382 base of the Kansas City
172	shale	554
8	lime	562 oil show
1	shale	563
4	lime	567
6	shale	573
9	lime	582
12	shale	594
3	lime	597

6	shale	603
8	lime	611
24	shale	635 red
7	lime	642
70	shale	712
10	broken sand	722 brown & shale, light bleeding (gassy)
3	silty shale	725
18	shale	743
3	lime	746
22	shale	768
1	coal	769
39	shale	808
1	coal	809
24	shale	833
3	oil sand	836 brown, good bleeding
2	broken sand	838 80% brown sand, 20% grey shale, light bleeding
2.5	broken sand	840.5 30% brown sand, 70% silty shale, light bleeding
4.5	shale	845
3	silty shale	848
4	shale	852
1	coal	853
29	shale	882 TD

Drilled a 9 7/8" hole to 22.3'

Drilled a 5 5/8" hole to 882'

Set 22.3' of 7" surface casing cemented with 6 sacks of cement

Set 872' of 2 7/8" 8 round upset tubing, with 3 centralizers, 1 float shoe, & 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 38984

LOCATION Ottawa KS

FOREMAN Fred Mader

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
12/5/12	4448	Grethor Man # KRI-26	NE 19	19	22	JO.
CUSTOMER Kansas Resources Expl & Dev			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 939.3 W 110th St			506	Fred Mader	Safety	MK
CITY	STATE	ZIP CODE	495	Har Bec	HB	O
Overland Park	KS	66210	369	Der Mas	DM	
			503	Bre Man	BM	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 882 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 872 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 2 1/2 Plugs
 DISPLACEMENT 506 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix & Pump 100# Gel Flush. Mix & Pump 122 SKS 50/50 Poz Mix Cement 2 1/2 Gel 1/2" Pheno Seal / 1/16 Cement to surface. Flush pump & lines clean. Displace 2 - 2 1/2" Rubber plugs to casing TO Pressure To 500# PSI. Release pressure to set float valve. Shut in casing

Evans Energy Dev. Inc - Mitchell

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	-	MILEAGE		N/C
5402	872'	Casing Footage		N/C
5407	Minimum	Ten Miles	503	350 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck	369	135 ⁰⁰
1124	1122 SKS	50/50 Poz Mix Cement		1335 ²⁰
1118B	305#	Premium Gel		64 ⁰⁵
1107H	61#	Pheno Seal		78 ⁶⁹
4402	2	2 1/2" Rubber Plugs		56 ⁰⁰

Completed

[Signature]

7.525% SALES TAX 115⁴⁸
 ESTIMATED TOTAL 3165¹³

Ravin 3737

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