



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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PO Box 93999
 Southlake, TX 76092

Voice: (817) 546-7282
 Fax: (817) 246-3361

INVOICE

Invoice Number: 134690
 Invoice Date: Jan 31, 2013
 Page: 1

Bill To:
Wildcat Oil & Gas P O Box 40 Spivey, KS 67142

Now Includes:



Customer ID	Field Ticket #	Payment Terms	
Wild	59728	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-01	Medicine Lodge	Jan 31, 2013	3/2/13

Quantity	Item	Description	Unit Price	Amount
		Aldrich #4		
105.00	MAT	Class A Common	17.90	1,879.50
70.00	MAT	Pozmix	9.35	654.50
3.00	MAT	Gel	23.40	70.20
6.00	MAT	Chloride	64.00	384.00
188.00	SER	Cubic Feet	2.48	466.24
237.03	SER	Ton Mileage	2.60	616.29
1.00	SER	Surface	1,550.25	1,550.25
30.00	SER	Pump Truck Mileage	7.70	231.00
30.00	SER	Light Vehicle Mileage	4.40	132.00
1.00	CEMENTER	Carl Balding		
1.00	EQUIP OPER	Scott Priddy		
1.00	EQUIP OPER	Aaron Blasi		

Subtotal	5,983.98
Sales Tax	210.67
Total Invoice Amount	6,194.65
Payment/Credit Applied	
TOTAL	6,194.65

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

\$ 1,196.80

ONLY IF PAID ON OR BEFORE
 Feb 25, 2013

ALLIED OIL & GAS SERVICES, LLC 059728

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge

DATE <i>1-31-13</i>	SEC <i>25</i>	TWP <i>30S</i>	RANGE <i>8W</i>	CALLED OUT	ON LOCATION <i>5:00 P.M.</i>	JOB START <i>5:00</i>	JOB FINISH <i>6:30 PM</i>
LEASE <i>Aldrich</i>		WELL # <i>4</i>		LOCATION <i>Mag Plant 4 east</i>		COUNTY <i>Kingman</i>	STATE <i>KS.</i>
OLD OR NEW (Circle one) <i>NEW</i>			LOCATION <i>1 North 1/2 east 1 1/2 North w/ S 2.01 1.05</i>				

CONTRACTOR *Hardt #1* OWNER *Wildest Oil + Gas*

TYPE OF JOB <i>Surface</i>	CEMENT AMOUNT ORDERED <i>175 sx 60:40:2+3%cc</i>
HOLE SIZE <i>12 1/4"</i> T.D. <i>208'</i>	COMMON <i>105 @ 17.90 1879.50</i>
CASING SIZE <i>8 5/8"</i> DEPTH <i>221'</i>	POZMIX <i>70 @ 9.35 654.50</i>
TUBING SIZE DEPTH	GEL <i>3 @ 23.40 70.20</i>
DRILL PIPE DEPTH	CHLORIDE <i>6 @ 64.00 384.00</i>
TOOL DEPTH	ASC @
PRES. MAX <i>150</i> MINIMUM	POZMIX @
MEAS. LINE SHOE JOINT	GEL @
CEMENT LEFT IN CSG. <i>15'</i>	CHLORIDE @
PERFS.	ASC @
DISPLACEMENT <i>13 1/4 Bbls Freshwater</i>	HANDLING <i>188 @ 2.48 466.24</i>

EQUIPMENT

PUMP TRUCK #558-555	CEMENTER <i>Conc. Redding</i>	
	HELPER <i>Scott / Adell Hardt</i>	
BULK TRUCK #561-553	DRIVER <i>Aaron Blasi</i>	
BULK TRUCK #	DRIVER	

REMARKS:

2390.3 TOTAL *4070.73*

Run 221' 8 5/8"

Run 175 sx 60:40:2+3%cc

Displace with 13 1/4 water shut in casing

CHARGE TO: *Wildest Oil + Gas*

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 _____

SIGNATURE *Scott Adell Hardt*

SERVICE

DEPTH OF JOB <i>208'</i>	
PUMP TRUCK CHARGE <i>1550.25</i>	
EXTRA FOOTAGE @	
MILEAGE <i>30 @ 7.70 231.00</i>	
MANIFOLD @	
<i>L V 30 @ 4.40 132.00</i>	
TOTAL	<i>1913.25</i>

PLUG & FLOAT EQUIPMENT

<i>X</i>	@	
	@	
	@	
	@	
	@	
	@	
	@	
TOTAL		

SALES TAX (If Any) *210.66*

TOTAL CHARGES *5983.98*

DISCOUNT *20% 1196.80* IF PAID IN 30 DAYS

NET 4787.18

PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 134770
Invoice Date: Feb 6, 2013
Page: 1

Bill To:

Wildcat Oil & Gas
P O Box 40
Spivey, KS 67142

Now Includes:



Customer ID	Field Ticket #	Payment Terms	
Wild	59691	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-02	Medicine Lodge	Feb 6, 2013	3/8/13

Quantity	Item	Description	Unit Price	Amount
		Aldrich #4		
24.00	MAT	Class A Common	17.90	429.60
16.00	MAT	Pozmix	9.35	149.60
2.00	MAT	Gel	23.40	46.80
14.00	MAT	Sodium Metasilicate	3.30	46.20
175.00	MAT	Class H Premium	21.20	3,710.00
9.00	MAT	Salt	26.35	237.15
875.00	MAT	Kol Seal	0.98	857.50
248.12	SER	Cubic Feet	2.48	615.34
327.00	SER	Ton Mileage	2.60	850.20
1.00	SER	Production Casing	2,765.75	2,765.75
30.00	SER	Pump truck Mileage	7.70	231.00
30.00	SER	Light Vehicle Mileage	4.40	132.00
1.00	SER	Manifold Head Rental	275.00	275.00
1.00	EQP	4.5 Guide Shoe	224.64	224.64
1.00	EQP	4.5 AFU Insert	291.33	291.33
8.00	EQP	4.5 Cent4ralizer	56.16	449.28
10.00	EQP	4.5 Reciprocating Scratchers	86.58	865.80
1.00	CEMENTER	Darin Franklin		
1.00	CEMENTER	Ron Gilley		
1.00	OPER ASSIST	Jason Otto		

Subtotal	12,177.19
Sales Tax	515.21
Total Invoice Amount	12,692.40
Payment/Credit Applied	
TOTAL	12,692.40

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 2,435.44

ONLY IF PAID ON OR BEFORE
Mar 3, 2013

ALLIED OIL & GAS SERVICES, LLC 059691

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge, KS

DATE <i>2-6-2013</i>	SEC <i>25</i>	TWP <i>30S</i>	RANGE <i>8W</i>	CALLED OUT	ON LOCATION	JOB START <i>11:00am</i>	JOB FINISH <i>12:00pm</i>
LEASE <i>Alrich</i>	WELL # <i>4</i>	LOCATION <i>mag plant, 4e, 1n, 1/2e</i>			COUNTY <i>Kingman</i>	STATE <i>KS</i>	
OLD OR (NEW) (Circle one)		<i>1 1/2 n, 1/2 w</i>			<i>2-02</i>	<i>7.05</i>	

CONTRACTOR *Hart #1* OWNER *Willcox O. & G.S.*

TYPE OF JOB *Production*

HOLE SIZE *7 7/8* T.D. *4450'*

CASING SIZE *4 1/2* 10.5" DEPTH *4441'*

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT *6'*

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT *7 1/4 bbls of 29% KCL water*

EQUIPMENT _____

CEMENT

AMOUNT ORDERED *408 x 60' 401 4% 6e1*

4% SMS, 1758 x Class H + 10% S914

5# Kalses 1

PUMP TRUCK CEMENTER *Derin E 1*

471-302 HELPER *Ron G. 1*

BULK TRUCK

356-290 DRIVER *Jason O., Derin E*

BULK TRUCK

_____ DRIVER _____

COMMON "A"	<i>24x @ 17.90</i>	<i>429.60</i>
POZMIX	<i>16x @ 9.35</i>	<i>149.60</i>
GEL	<i>25x @ 23.40</i>	<i>46.80</i>
CHLORIDE	@	
ASC	@	
SMS	<i>14# @ 3.30</i>	<i>46.20</i>
CLASS H	<i>175x @ 21.20</i>	<i>3710.00</i>
Salt	<i>9x @ 20.35</i>	<i>237.15</i>
Kalses 1	<i>875# @ .98</i>	<i>857.50</i>

HANDLING *2K 17 x 248 @* *165.34*

MILEAGE *10.90 x 20 x 2.00* *850.20*

TOTAL *1842.39*

REMARKS:

Pipe on bottom to break circulation

Pump 20 bbls KCL water, 3 bbls Fresh water

12 bbls ASF, 3 bbls Fresh water, Mix 15% for Post hole, mix 25% JCS Venser Cement

mix 175% 49' Cement, Shot down, Wash

Pump & lines, Release plug, Start displacement

1st pressure 9-52 bbls, Slow rate to 3bbl

9-60 bbls pump mix 9-7 1/4 bbls 700-1400 psi, float & hold

327-

SERVICE

DEPTH OF JOB <i>4441'</i>		
PUMP TRUCK CHARGE		<i>2716.75</i>
EXTRA FOOTAGE	@	
MILEAGE <i>30 @ 7.70</i>		<i>231.00</i>
MANIFOLD <i>Hessent 19</i>	@	<i>215.00</i>
	<i>30 @ 4.40</i>	<i>132.00</i>

CHARGE TO: *Willcox O. & G.S.*

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL *\$2403.75*

PLUG & FLOAT EQUIPMENT

<i>4 1/2</i>		
1- Guide Shoe	@	<i>224.104</i>
1- AFV Insert	@	<i>291.33</i>
8- Centralizers	@ <i>56.16</i>	<i>449.28</i>
10- Reciprocating Scissors	@ <i>8.058</i>	<i>80.58</i>

TOTAL *\$1831.05*

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.

SALES TAX (if Any) *515.20*

TOTAL CHARGES *\$12,177.19*

PRINTED NAME *X TIM PIERCE*

DISCOUNT *2435.44* IF PAID IN 30 DAYS

SIGNATURE *X Tim Pierce*

Net \$9,741.75

Thank you!!!