



1149765

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				

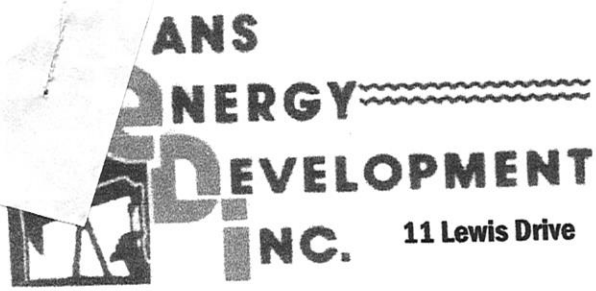
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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 Bbbs.	Gas Mcf	Water Bbbs.	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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	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-6
API # 15-091-23,953
January 31 - February 5, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
3	soil & clay	3
13	sandstone	16
33	shale	49
6	lime	55
4	shale	59
2	lime	61
7	shale	68
15	lime	83
8	shale	91
9	lime	100
8	shale	108
18	lime	126
19	shale	145
17	lime	162
7	shale	169
50	lime	219
25	shale	244
9	lime	253
17	shale	270
8	lime	278
7	shale	285
10	lime	295
5	shale	300
3	lime	303
20	shale	323
2	lime	325
9	shale	334
22	lime	356
9	shale	365
21	lime	386
4	shale	390
4	lime	394
2	shale	396
8	lime	404 base of the Kansas City
174	shale	578
6	lime	584
6	shale	590
1	coal	591

6	shale	597
5	lime	602
2	shale	604
1	lime	605
15	shale	620
3	lime	623
3	shale	626
1	coal	627
9	shale	638
2	lime	640
23	shale	663
1	lime	664
4	shale	668
3	lime	671
69	shale	740
6	broken sand	746 brown & grey sand, fair bleeding (gassy)
2	oil sand	748 brown, ok bleeding (gassy)
18	shale	766
1	coal	767
30	shale	797
1	coal	798
64	shale	862
4.5	silty shale	866.5 white & limey
1.5	broken sand	868 brown sand with few thin lime seams good bleeding
1.5	oil sand	869.5 brown, good bleeding
2.5	broken sand	872 brown & grey, good bleeding
45	shale	917 TD

Drilled a 9 7/8" hole to 21'
 Drilled a 5 5/8" hole to 917'

Set 21' of 7" surface casing cemented with 6 sacks of cement

Set 902' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

256709

TICKET NUMBER 38716
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

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
2/12/13	4448	Guetterman # KRI-6	NE 19	14	22	JO
CUSTOMER Kansas Resource Exp + Dev			TRUCK #			
MAILING ADDRESS 9393 W 110th, Suite 500			DRIVER Cesken		TRUCK # 481	
CITY Overland Park			DRIVER Gar Moo		TRUCK # 6666	
STATE KS			DRIVER Dan Det		TRUCK # 503	
ZIP CODE 66210			DRIVER Jas Ric		TRUCK # 370	

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 917' CASING SIZE & WEIGHT 2 7/8" EVE
CASING DEPTH 902' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 5.22 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 150 sks 5/50 Pozmix cement w/ 2% gel + 1/2 # Phenoseal per sk, cement to surface, pushed pump clean, pumped 2 1/2" rubber plugs to casing TD w/ 5.22 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

Handwritten signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	30 mi	MILEAGE		120.00
5402	902'	casing footage		
5407	minimum	tax mileage		350.00
5502C	2 hrs	& O Vac		180.00
1124	150 sks	5/50 Pozmix cement		1642.50
1118B	352 #	Premium Gel		73.92
1107A	75 #	Phenoseal		96.75
7402	2	2 1/2" rubber plugs		56.00

completed

Ravin 3737
SALES TAX 140.65
ESTIMATED TOTAL 3689.82
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 for