



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				

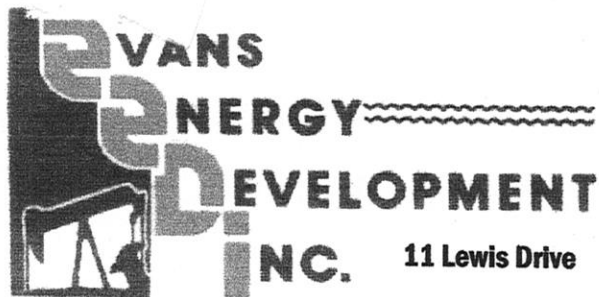
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <i>(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-30

API # 15-091-23,977

January 25 - January 31, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
15	soil & clay	15
16	shale	31
5	lime	36
13	shale	49
10	lime	59
6	shale	65
16	lime	81
10	shale	91
8	lime	99
4	shale	103
1	lime	104
3	shale	107
19	lime	126
14	shale	140
24	lime	164
6	shale	170
50	lime	220
21	shale	241
8	lime	249
17	shale	266
9	lime	275
6	shale	281
11	lime	292
2	shale	294
3	lime	297
23	shale	320
4	lime	324
7	shale	331
25	lime	356
7	shale	363
22	lime	385
4	shale	389
2	lime	391
7	shale	398
6	lime	404 base of the Kansas City
26	shale	430
8	sand	438 making gas, green sand
135	shale	573
6	lime	579

5	shale	584
1	lime	585
9	shale	594
5	lime	599
16	shale	615
5	lime	620
2	shale	622
1	coal	623
11	shale	634
1	lime	635
29	shale	664 red
3	lime	667
69	shale	736
2	broken sand	738 brown & grey sand, ok bleeding
5	oil sand	743 brown sand, good bleeding
3	broken sand	746 brown & grey sand, ok bleeding
16	shale	762
1	coal	763
47	shale	810
4	coal	814
6	grey sand	820
1	lime	821
14	shale	835
1	coal	836
7	shale	843
3	silty shale	846 white
7	shale	853
1	lime	854
5	shale	859
5	oil sand	864 brown, good bleeding
3.5	broken sand	867.5 brown & grey, ok bleeding
42.5	shale	910 TD

Drilled a 9 7/8" hole to 21'
 Drilled a 5 5/8" hole to 910'

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

Set 895' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

256437

TICKET NUMBER 38774

LOCATION Ottawa

FOREMAN Alan Made

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
1-31-13	4448	Guetterman KRI-30	NE 19	14	22	OS
CUSTOMER Kansas Resources E+D			TRUCK #			
MAILING ADDRESS 9393 W 110th			516	Ala Mad	Safety	Meet
CITY	STATE	ZIP CODE	368	Arl Mad	AM	
Overland Park	KS	66210	370	Kei Car	KC	
JOB TYPE	HOLE SIZE	HOLE DEPTH	510	Ser Tuc	ST	
long string	5 7/8	910	CASING SIZE & WEIGHT			
CASING DEPTH	DRILL PIPE	TUBING	2 7/8			
895			OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
			yes			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
5.2	800	200	5 bpm			
REMARKS: Held meeting. Established rate. Mixed & pumped 120# gel followed by 135 sk 50/50 cement plus 290 gel & 1/2# phenoseal per sack. Circulated cement. Flushed pump. Pumped 2 plugs to casing T.D. Well held 800 PSI. Set float. Closed valve.						

Evans Mitchell

Alan Made

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	895	casing footage	368	
5407	mi	ten miles	510	350.00
55026	2	80 vac	370	180.00
1124	135	50/50 cement		1478.25
118B	327#	gel		68.67
4402	2	1/2 plug		56.00
1107A	68#	phenoseal		87.72
<input checked="" type="checkbox"/> completed				
SCANNED				
SALES TAX ESTIMATED TOTAL			127.22	3497.86

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.