



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
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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				

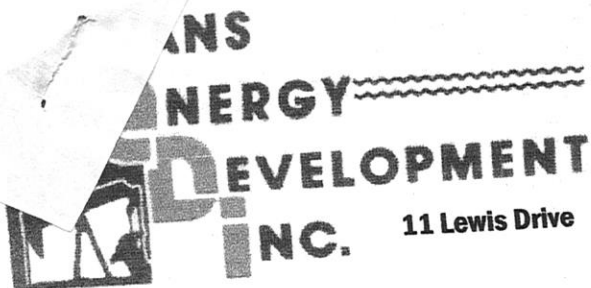
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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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-31
API # 15-091-23,978
January 31 - February 5, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
11	soil & clay	11
42	shale	53
4	lime	57
5	shale	62
1	lime	63
7	shale	70
17	lime	87
9	shale	96
8	lime	104
9	shale	113
18	lime	131
20	shale	151
20	lime	171
5	shale	176
9	lime	185
1	shale	186
40	lime	226
21	shale	247
9	lime	256
17	shale	273
7	lime	280
8	shale	288
8	lime	296
4	shale	300
3	lime	303
23	shale	326
1	lime	327
11	shale	338
23	lime	361
7	shale	368
24	lime	392
4	shale	396
2	lime	398
7	shale	405
5	lime	410 base of the Kansas City
31	shale	441
5	sand	446 green
136	shale	582
5	lime	587

15	shale	602
4	lime	606
17	shale	623
3	lime	626
6	shale	632
2	lime	634
31	shale	665
1	lime	666
4	shale	670
3	lime	673
71	shale	744
5	broken sand	749 brown & grey, ok bleeding
3	oil sand	752 brown, ok bleeding
3	broken sand	755 brown & grey, ok bleeding
15	shale	770
1	coal	771
73	shale	844
1	coal	845
22	shale	867
4	oil sand	871 brown, good bleeding
0.5	broken sand	871.5 brown & grey, good bleeding
0.5	oil sand	872 brown, good bleeding
2	broken sand	874 brown & white, light bleeding
46	shale	920 TD

Drilled a 9 7/8" hole to 22'

Drilled a 5 5/8" hole to 920'

Set 22' of 7" surface casing cemented with 6 sacks of cement

Set 905' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

256480

TICKET NUMBER 38784

LOCATION Ottawa

FOREMAN Alan 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
2.5-13	4448	Guetterman KRFB1	NE 19	15	22	JO
CUSTOMER Kansas Resources E+D			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 9393 W 110th			516	Ala Mad	Safety	Meat
CITY Overland Park			368	Ala Mad	MLL	
STATE KS			370	Ke: Car	KC	
ZIP CODE 66210			503	Dan Det	DD	
JOB TYPE <u>log string</u>	HOLE SIZE <u>5 5/8</u>	HOLE DEPTH <u>920</u>	CASING SIZE & WEIGHT <u>2 1/2</u>			
CASING DEPTH <u>905</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>			
DISPLACEMENT <u>5 1/4</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>4 bpm</u>			
REMARKS: <u>Held meeting Established rate. Mixed & pumped 100# gel followed by 132 sk 50/50 cement plus 2% gel and 1/2# Phenol seal per sack. Circulated cement. Flushed pump. Pumped 2 plugs to casing TD. Well held 800 PST. Set float. closed valve.</u>						

Erans Mitchell

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE	368	1050.00	
5406	30	MILEAGE	368	120.00	
5402	905	casing footage	368		
5407	min	ten miles	303	350.00	
5502C	2	80 vac	370	180.00	
1124	132	50/50 cement		1445.40	
1118B	322 #	gel		67.62	
1107A	66 #	Phenol seal		85.14	
4402	2	2 1/2 plug		56.00	
				SALES TAX	124.48
				ESTIMATED TOTAL	3458.64

Completed

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