



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1146754
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1146754

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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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Form	ACO1 - Well Completion
Operator	Nor-West Kansas Oil, L.L.C.
Well Name	Sleeping Indian 2
Doc ID	1146754

Tops

Name	Top	Datum
Heebner Shale	3986	-893
Lansing	4032	-939
Marmaton	4470	-1377
Pawnee	4549	-1456
Cherokee Shale	4628	-1535
Johnson	4664	-1571
Morrow Shale	4744	-1651
Mississippian	4776	-1683

TALLIED BY AV 55 TOTAL JTS 5 TOTAL FOOTAGE 28680 SPECIAL INSTRUCTIONS

#	FT.	IN.	#	FT.	IN.	#	FT.	IN.	#	FT.	IN.	#	FT.	IN.	#	FT.	IN.	#	FT.	IN.	T	
1	55	26	51	76	101	126	151															
2	20	27	52	77	102	127	152															
3	10	28	53	78	103	128	153															
4	30	29	54	79	104	129	154															
5	10	30	55	80	105	130	155															
6		31	56	81	106	131	156															
7		32	57	82	107	132	157															
8		33	58	83	108	133	158															
9		34	59	84	109	134	159															
10		35	60	85	110	135	160															
11		36	61	86	111	136	161															
12		37	62	87	112	137	162															
13		38	63	88	113	138	163															
14		39	64	89	114	139	164															
15		40	65	90	115	140	165															
16		41	66	91	116	141	166															
17		42	67	92	117	142	167															
18		43	68	93	118	143	168															
19		44	69	94	119	144	169															
20		45	70	95	120	145	170															
21		46	71	96	121	146	171															
22		47	72	97	122	147	172															
23		48	73	98	123	148	173															
24		49	74	99	124	149	174															
25		50	75	100	125	150	175															

DATE 5-10 20 13 **SUNRISE** OILFIELD SUPPLY

CUSTOMER Northwest Kansas PLEASE & WELL NO. Steeping Indian 3

USED/NEW COND USED SIZE 8 5/8 WT 23# GRD THD 5TC R- 3

ORDER BY _____ SHIP VIA _____ MFG _____

TALLY PAGE 1 OF 1



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39912
LOCATION Oakley, KS
FOREMAN Kelly Gabe

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-6-13	5666	Sleeping Indian #2	24	17	34	Scott
CUSTOMER		MAILING ADDRESS				
NorWest Kansas oil		5000 city north to rd 100 west to Eagle Rd 1/2 NW into				
CITY		STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 232 CASING SIZE & WEIGHT 8 5/8 24#
 CASING DEPTH 232 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 148 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30'
 DISPLACEMENT 13 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting rigged up on W&W #2, hooked up to circulate, mixed 125 sks com 3% o.c. 2% ogel, displaced with 13 1/2 bbl water, shut in. washed out pumps & lines rigged down.
Cement did circulate

Approx 4 bbl to pit

Thank you Kelly & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1150 ⁰⁰	1150 ⁰⁰
5406	45	MILEAGE	5 ²⁵	236 ²⁵
1045	125 sks	Class A Cement	18 ⁵⁵	3246 ²⁵
1102	493#	Calcium chloride	.94	463 ⁴³
1188B	329#	Bentonite	.27	88 ⁸³
5407A	8.22	Ton mileage delivery	1 ⁷⁵	647 ⁷²
				5832 ⁴⁷
		Lead 1000		583 ²⁵
				5249 ³²
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737
8:00 PM AUTHORIZATION Nick P. Palmer TITLE PUSHER DATE 5-6-13

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



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39969
LOCATION Oakley, KS
FOREMAN Kelly B. B...

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE <u>5-13-13</u>	CUSTOMER # <u>5666</u>	WELL NAME & NUMBER <u>Sleeping Indian #2</u>	SECTION <u>24</u>	TOWNSHIP <u>17</u>	RANGE <u>34</u>	COUNTY <u>Scott</u>	
CUSTOMER <u>Northwest Kansas Oil</u>		MAILING ADDRESS <u>Scott City Vorn Ford 190 West To Eagle Rd 18 IE W into</u>		TRUCK # <u>4163</u>	DRIVER <u>Jerry</u>	TRUCK # <u>4163</u>	DRIVER <u>Tim</u>
CITY	STATE	ZIP CODE					

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4865 CASING SIZE & WEIGHT _____
CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 100 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, rigged up on wdw #2, mixed cement
Plugs + displaced.
50@2460
80@1430
50@700
40@260
30@60
50R#20MH washed out pumps & lines Rigged down
Thank You Kelly & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1395.00	1395.00
5406	45 mi	MILEAGE	5.25	236.25
1125 1131	2905 KS	60/40 P02	15.86	4599.40
1118B	998 #	Bentonite	0.27	269.46
1107	72 #	Flo-seal	2.97	213.84
5407A	12.47	Ton mileage delivery	1.25	982.01
				7695.96
				769.00
				6926.36
			SALES TAX	
			ESTIMATED	
			TOTAL	

AVIN 3737
AUTHORIZATION [Signature] TITLE _____ DATE 5-14-13

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TALLIED BY AV 55 TOTAL JTS 5 TOTAL FOOTAGE 28680 SPECIAL INSTRUCTIONS

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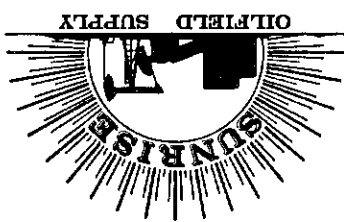
DATE 5-10 20 13 **SUNRISE** OILFIELD SUPPLY

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USED/NEW COND USED SIZE 8 5/8 WT 23# GRD THD 5TC R- 3

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TALLY PAGE 1 OF 1





CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39912
LOCATION Oakley, KS
FOREMAN Kelly Gabe

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-6-13	5666	Sleeping Indian #2	24	17	34	Scott
CUSTOMER		MAILING ADDRESS				
NorWest Kansas oil		5000 city north to rd 100 west to Eagle Rd 1/2 NW into				
CITY		STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 232 CASING SIZE & WEIGHT 8 5/8 24#
 CASING DEPTH 232 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 148 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30'
 DISPLACEMENT 13 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting rigged up on W&W #2, hooked up to circulate, mixed 125 sks com 3% o.c. 2% ogel, displaced with 13 1/2 bbl water, shut in. washed out pumps & lines rigged down.
Cement did circulate

Approx 4 bbl to pit

Thank you Kelly & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
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1188B	329#	Bentonite	.27	88 ⁸³
5407A	8.22	Ton mileage delivery	1 ⁷⁵	647 ⁷²
				5832 ⁴⁷
		Lead 1000		583 ²⁵
				5249 ³²
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737
8:00 PM
AUTHORIZATION Nick P. Palmer TITLE PUSHER DATE 5-6-13

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Oil Well Services, LLC

TICKET NUMBER 39969
LOCATION Oakley, KS
FOREMAN Kelly B. B...

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE <u>5-13-13</u>	CUSTOMER # <u>5666</u>	WELL NAME & NUMBER <u>Sleeping Indian #2</u>	SECTION <u>24</u>	TOWNSHIP <u>17</u>	RANGE <u>34</u>	COUNTY <u>Scott</u>
CUSTOMER <u>Northwest Kansas Oil</u>			TRUCK # <u>4163</u>	DRIVER <u>Jerry</u>	TRUCK #	DRIVER
MAILING ADDRESS			TRUCK # <u>4163</u>	DRIVER <u>Tim</u>		
CITY	STATE	ZIP CODE				

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4865 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 1000 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

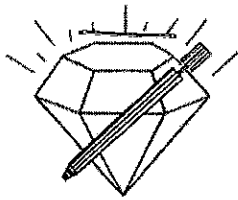
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Plugs + displaced.
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50R#20MH washed out pumps & lines Rigged down

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Kelly & crew*

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				7695.96
				769.00
				6926.36
			SALES TAX	
			ESTIMATED	
			TOTAL	

AVIN 3737
 AUTHORIZATION [Signature] TITLE _____ DATE 5-14-13

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DIAMOND TESTING, LLC
P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
SLEEPINGINDIAN2DST2

Company Nor-West Kansas Oil, LLC Lease & Well No. Sleeping Indian No. 2
Elevation 3093 KB Formation Johnson Effective Pay _____ Ft. Ticket No. T209
Date 5-12-13 Sec. 24 Twp. 17S Range 34W County Scott State Kansas
Test Approved By Sean P. Deenihan Diamond Representative Tim Venters

Formation Test No. 2 Interval Tested from 4,658 ft. to 4,750 ft. Total Depth 4,750 ft.
Packer Depth 4,653 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Packer Depth 4,658 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) 4,639 ft. Recorder Number 8457 Cap. 10,000 psi.
Bottom Recorder Depth (Outside) 4,747 ft. Recorder Number 11030 Cap. 5,025 psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor WW Drilling, LLC - Rig 2 Drill Collar Length 124 ft I.D. 2 1/4 in.
Mud Type Chemical Viscosity 55 Weight Pipe Length _____ ft I.D. _____ in.
Weight 9.1 Water Loss 10.0 cc. Drill Pipe Length 4,501 ft I.D. 3 1/2 in.
Chlorides 9,000 P.P.M. Test Tool Length 33 ft Tool Size 3 1/2-IF in.
Jars: Make Sterling Serial Number 4 Anchor Length 30' perf. w/62' drill pipe Size 4 1/2-FH in.
Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.
Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2-XH in.

Blow: 1st Open: Weak surface blow increasing to 1 in. No blow back during shut-in.
2nd Open: Very weak surface blow throughout. No blow back during shut-in.

Recovered 70 ft. of mud w/a trace of oil = .344400 bbls. (Grind out: Trace-oil; 100%-mud)
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks Tool Sample Grind Out: 2%-oil; 98%-mud

Time Set Packer(s) 10:47 P.M. Time Started off Bottom 12:47 A.M. Maximum Temperature 118°
Initial Hydrostatic Pressure.....(A) 2290 P.S.I.
Initial Flow Period.....Minutes 30 (B) 9 P.S.I. to (C) 26 P.S.I.
Initial Closed In Period.....Minutes 30 (D) 1132 P.S.I.
Final Flow Period.....Minutes 30 (E) 29 P.S.I. to (F) 42 P.S.I.
Final Closed In Period.....Minutes 30 (G) 1067 P.S.I.
Final Hydrostatic Pressure.....(H) 2261 P.S.I.

Diamond Testing

General information Report

General Information

Company Name NOR WEST KANSAS OIL, LLC

Contact	PATRICK G. WANKER	Job Number	T209
Well Name	SLEEPING INDIAN #2	Representative	TIM VENTERS
Unique Well ID	DST #2, JOHNSON, 4658-4750	Well Operator	NOR WEST KANSAS OIL, LLC
Surface Location	SEC. 24-17S-34W, SCOTT CO. KS.	Report Date	2013/05/13
Well License Number		Prepared By	TIM VENTERS
Field	WILDCAT		
Well Type	Vertical		

Test Type	CONVENTIONAL		
Formation	DST #2, JOHNSON, 4658-4750		
Well Fluid Type	01 Oil	Start Test Time	20:07:00
		Final Test Time	02:53:00
Start Test Date	2013/05/12		
Final Test Date	2013/05/13		
Gauge Name	8457		
Gauge Serial Number			

Test Results

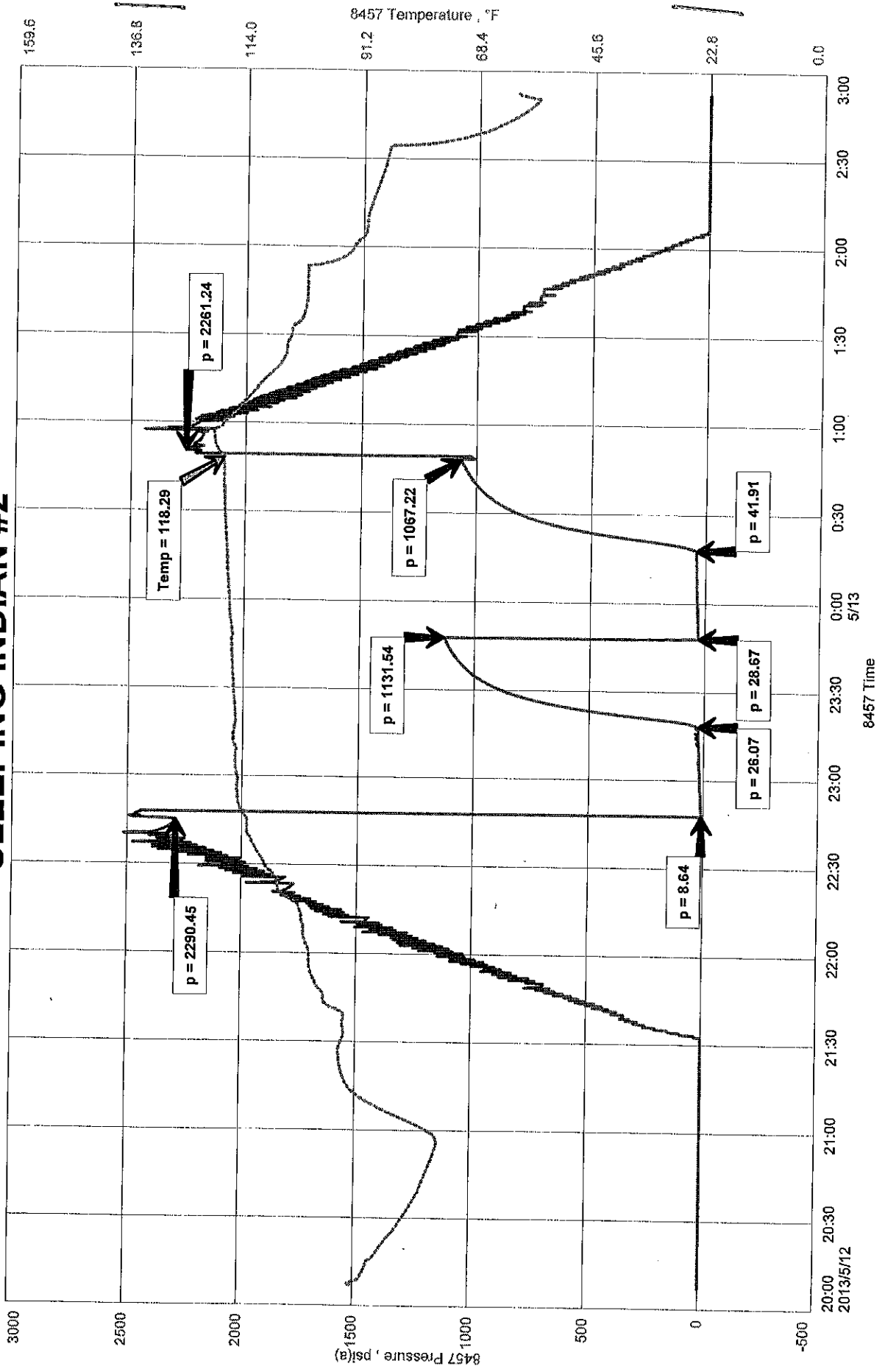
RECOVERED: 70' MW/TR. O, TRACE OIL, 100% MUD

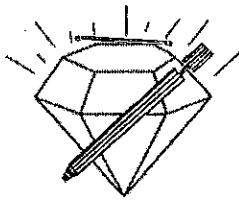
TOOL SAMPLE: 2% OIL, 98% MUD

NOR WEST KANSAS OIL, LLC
DST #2, JOHNSON, 4658-4750
Start Test Date: 2013/05/12
Final Test Date: 2013/05/13

SLEEPING INDIAN #2

Formation: DST #2, JOHNSON, 4658-4750
Pool: WILDCAT
Job Number: T209





DIAMOND TESTING, LLC
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (620) 653-7550 • (800) 542-7313
 SLEEPINGINDIAN2DST1

Company Nor-West Kansas Oil, LLC Lease & Well No. Sleeping Indian No. 2
 Elevation 3093 KB Formation Marmaton Effective Pay _____ Ft. Ticket No. T208
 Date 5-11-13 Sec. 24 Twp. 17S Range 34W County Scott State Kansas
 Test Approved By Sean P. Deenihan Diamond Representative Tim Venters

Formation Test No. 1 Interval Tested from 4,422 ft. to 4,534 ft. Total Depth 4,534 ft.
 Packer Depth 4,417 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
 Packer Depth 4,422 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
 Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) 4,403 ft. Recorder Number 8457 Cap. 10,000 psi.
 Bottom Recorder Depth (Outside) 4,531 ft. Recorder Number 11030 Cap. 5,025 psi.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor WW Drilling, LLC - Rig 2 Drill Collar Length 124 ft I.D. 2 1/4 in.
 Mud Type Chemical Viscosity 52 Weight Pipe Length _____ ft I.D. _____ in.
 Weight 9.1 Water Loss 10.0 cc. Drill Pipe Length 4,265 ft I.D. 3 1/2 in.
 Chlorides 7,200 P.P.M. Test Tool Length 33 ft Tool Size 3 1/2-IF in.
 Jars: Make Sterling Serial Number 4 Anchor Length 18' perf. w/94' drill pipe Size 4 1/2-FH in.
 Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.
 Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2-XH in.

Blow: 1st Open: Weak, 1/4 in. blow increasing to 3 1/2 ins. No blow back during shut-in.

2nd Open: Very weak surface blow increasing to 4 1/2 ins. No blow back during shut-in.

Recovered 220 ft. of mud w/a very small trace of oil = 1.976164 bbls. (Grind out: Trace-oil; 100%-mud)
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks Tool Sample Grind Out: Trace-oil; 100%-mud

Time Set Packer(s) 5:51 P.M. Time Started off Bottom 8:51 P.M. Maximum Temperature 116°
 Initial Hydrostatic Pressure.....(A) 2124 P.S.I.
 Initial Flow Period.....Minutes 30 (B) 10 P.S.I. to (C) 74 P.S.I.
 Initial Closed In Period.....Minutes 30 (D) 1178 P.S.I.
 Final Flow Period.....Minutes 60 (E) 75 P.S.I. to (F) 117 P.S.I.
 Final Closed In Period.....Minutes 60 (G) 1182 P.S.I.
 Final Hydrostatic Pressure.....(H) 2119 P.S.I.

Diamond Testing

General information Report

General Information

Company Name	NOR WEST KANSAS OIL, LLC		
Contact	PATRICK G. WANKER		
Well Name	SLEEPING INDIAN #2	Job Number	T208
Unique Well ID	DST #1, MARMATON, 4422-4534	Representative	TIM VENTERS
Surface Location	SEC 24-17S-34W, SCOTT CO. KS.	Well Operator	NOR WEST KANSAS OIL, LLC
Well License Number		Report Date	2013/05/11
Field	WILDCAT	Prepared By	TIM VENTERS
Well Type	Vertical		

Test Type	CONVENTIONAL		
Formation	DST #1, MARMATON, 4422-45364		
Well Fluid Type	01 Oil	Start Test Time	15:41:00
		Final Test Time	22:47:00
Start Test Date	2013/05/11		
Final Test Date	2013/05/11		
Gauge Name	8457		
Gauge Serial Number			

Test Results

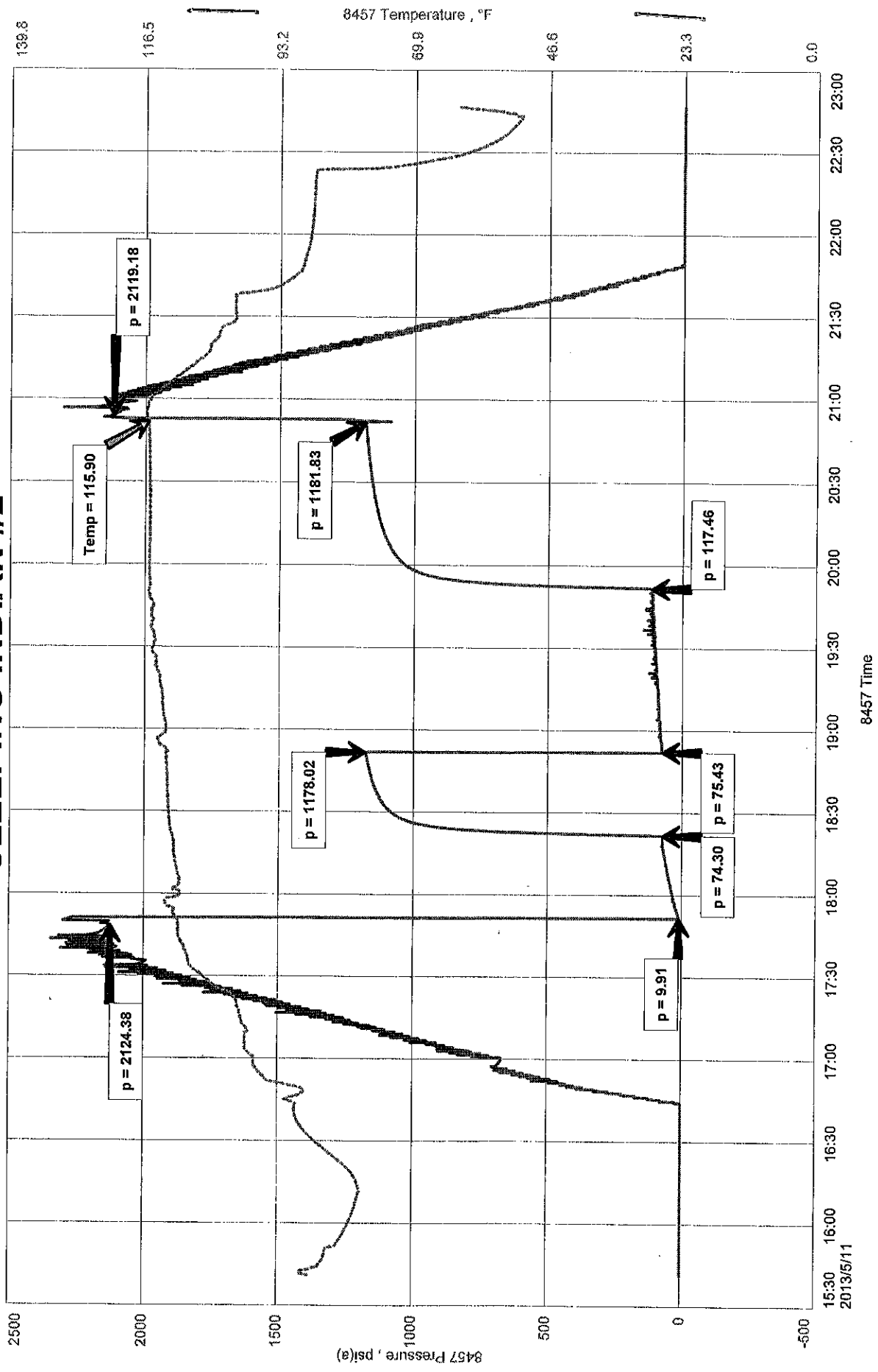
RECOVERED: 220' MW/VSTR.O, TRACE OIL, 100% MUD

TOOL SAMPLE: TRACE OIL, 100% MUD

NOR WEST KANSAS OIL, LLC
 DST #1, MARMATON, 4422-4534
 Start Test Date: 2013/05/11
 Final Test Date: 2013/05/11

SLEEPING INDIAN #2
 Formation: DST #1, MARMATON, 4422-45364
 Pool: WILDCAT
 Job Number: T208

SLEEPING INDIAN #2



Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

June 11, 2013

Patrick G. Wanker, Sec.-Treas.,
Nor-West Kansas Oil, L.L.C.
20014 283 HWY
WAKEENEY, KS 67672-2722

Re: ACO1
API 15-171-20942-00-00
Sleeping Indian 2
NE/4 Sec.24-17S-34W
Scott County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Patrick G. Wanker, Sec.-Treas.,