



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: _____



1151271

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Novy Oil & Gas Inc.

17-22s-8w Reno Ks.

P.O.Box 559
Goddard Ks.67052

Zwick #1

Job Ticket: 50838

DST#: 2

ATTN: Mac Armstrong

Test Start: 2013.02.01 @ 00:03:28

GENERAL INFORMATION:

Formation: **Conglomerate**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 02:37:28

Time Test Ended: 08:45:13

Test Type: Conventional Bottom Hole (Reset)

Tester: Gary Pevoteaux

Unit No: 56

Interval: 3528.00 ft (KB) To 3600.00 ft (KB) (TVD)

Reference Elevations: 1705.00 ft (KB)

Total Depth: 3600.00 ft (KB) (TVD)

1695.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 10.00 ft

Serial #: 8352 Outside

Press @RunDepth: 64.89 psig @ 3529.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.02.01

End Date:

2013.02.01

Last Calib.:

2013.02.01

Start Time: 00:03:33

End Time:

08:45:13

Time On Btm:

2013.02.01 @ 02:36:28

Time Off Btm:

2013.02.01 @ 06:41:58

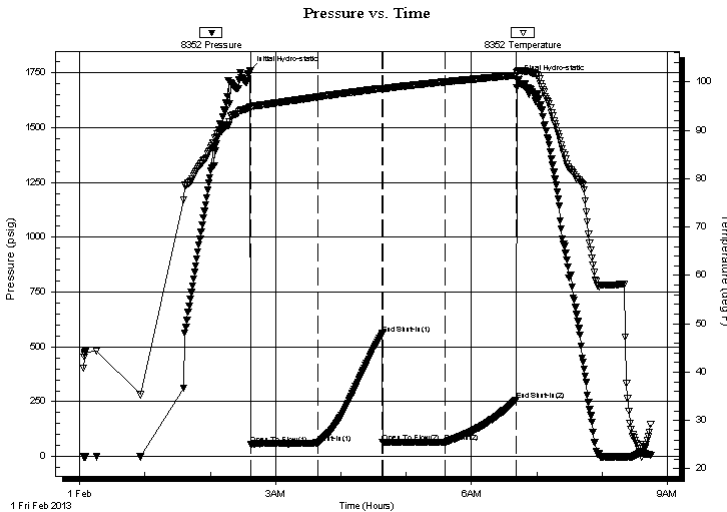
TEST COMMENT: IF:Weak to fair blow . 4 - 5" in diesel.

IS:No blow .

Weak blow . 1/4".

FS:No blow .

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1761.22	94.87	Initial Hydro-static
1	53.66	94.68	Open To Flow (1)
62	60.46	96.89	Shut-In(1)
122	559.90	98.69	End Shut-In(1)
122	64.35	98.50	Open To Flow (2)
180	64.89	100.03	Shut-In(2)
244	256.16	101.40	End Shut-In(2)
246	1717.82	102.14	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
95.00	Mud w / oil specs	0.57

* Recovery from multiple tests

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Novy Oil & Gas Inc.

17-22s-8w Reno Ks.

P.O.Box 559
Goddard Ks.67052

Zwick #1

Job Ticket: 50838

DST#: 2

ATTN: Mac Armstrong

Test Start: 2013.02.01 @ 00:03:28

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 0.00 lb/gal

Cushion Length:

ft

Water Salinity:

10000 ppm

Viscosity: 61.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.19 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 10000.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
95.00	Mud w / oil specs	0.567

Total Length: 95.00 ft Total Volume: 0.567 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

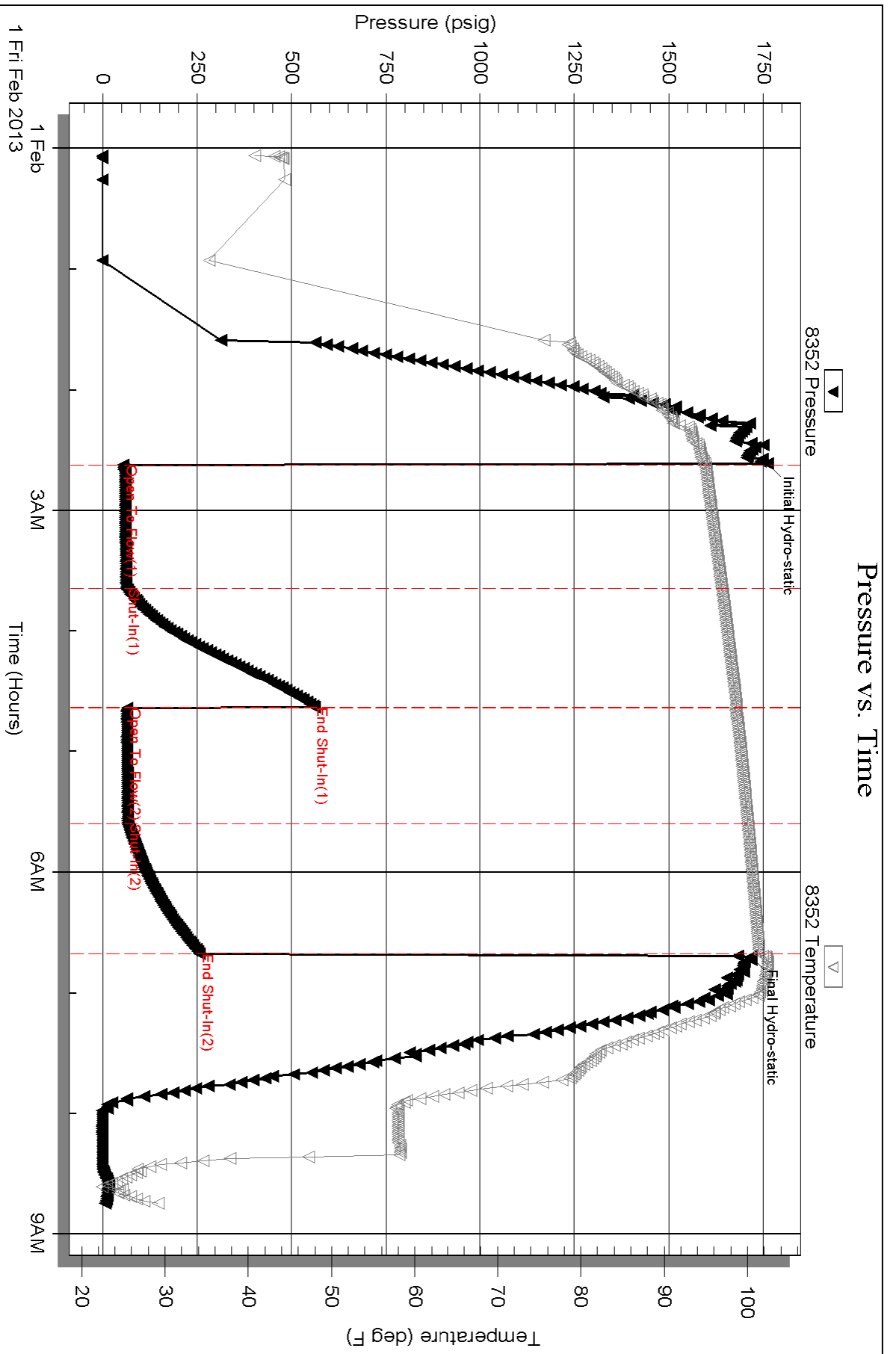
Recovery Comments: Pease e mail pdf to Mike Novy & Mac A

Serial #: 8352

Outside Novy Oil & Gas Inc.

Zwick #1

DST Test Number: 2



Customer <i>NOVY-O.L. GAS</i>	Lease No.	Date <i>01-26-13</i>
Lease <i>ZWICK</i>	Well # <i>1</i>	
Field Order # <i>7718</i>	Station <i>PRATT KS</i>	Casing <i>8 5/8</i>
Type Job <i>CNW 8 5/8</i>	Formation	Depth <i>264'</i>
		County <i>RENO</i>
		State <i>KS</i>
		Legal Description <i>17-22-8</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<i>8 5/8</i>				Pre Pad		Max		5 Min.
Depth <i>264</i>	Depth	From	To	Pad		Min		10 Min.
Volume <i>15</i>	Volume	From	To	Frac		Avg		15 Min.
Max Press <i>300</i>	Max Press	From	To	HHP Used				Annulus Pressure
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	Flush		Gas Volume		Total Load
Plug Depth <i>247'</i>	Packer Depth	From	To					

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert J. [Signature]</i>
Service Units <i>3790 33705 20920 19876 19800</i>		
Driver Names <i>Sullivan Wink Lawrence</i>		

Time	Casing Pressure	Tubing Pressure	Ebbs. Pumped	Rate	Service Log
<i>3:15</i>					<i>ON LOC Safety meeting</i>
					<i>Run 6 5/8 #23</i>
<i>4:30</i>					<i>Casing on bottom</i>
<i>4:40</i>					<i>Hook in case</i>
<i>4:45</i>	<i>150</i>		<i>3</i>	<i>3.5</i>	<i>St spacer</i>
			<i>4.5</i>		<i>mix cement 225 sk 60/40 102 39/100 1/4 ct</i>
			<i>4.5</i>		<i>cut mix & give down</i>
					<i>Release Plug</i>
				<i>3</i>	<i>St Disp</i>
<i>5:15</i>			<i>1.5</i>		<i>Plug down</i>
					<i>cin 12 min case P-7</i>
					<i>Job Complete</i>
					<i>Thank you</i>

Customer <i>NL VY Oil-Prod</i>	Lease No.	Date <i>02-02-13</i>
Lease <i>ZWICK</i>	Well # <i>1</i>	
Field Order # <i>1722</i>	Station <i>P-111</i>	County <i>RENO</i>
Casing <i>5 1/2</i>	Depth <i>3621</i>	State <i>KS</i>
Type Job <i>CNW 5 1/2 in. 90'</i>	Formation	Legal Description <i>17-22-E</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>								
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
<i>3621</i>								
Volume	Volume	From	To	Pad	Min		10 Min.	
<i>80.5</i>								
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
<i>3000</i>								
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
<i>P.C.</i>								
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	
<i>3031</i>								

Customer Representative _____ Station Manager *DAVE SCOTT* Treater *Robert Sullivan*

Service Units	<i>37900</i>	<i>27463</i>	<i>17831</i>	<i>19860</i>						
Driver Names	<i>Sullivan</i>	<i>Morgan</i>	<i>P. -</i>	<i>...</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2:45 AM</i>					<i>oil loc soft, meeting</i>
					<i>Pressure 5 1/2 # 15.5 csg</i>
<i>6:11</i>					<i>Casing and Bottoms</i>
<i>6:20</i>					<i>Hook up to csg.</i>
<i>7:50</i>	<i>200</i>		<i>5</i>	<i>3</i>	<i>11 21 down</i>
			<i>12</i>		<i>mix mud Hook</i>
				<i>4.5</i>	<i>max Hook 6/4 up 2 cost</i>
			<i>37</i>		<i>one mix shot found with pump handle</i>
				<i>6</i>	<i>Release Plug</i>
	<i>300</i>		<i>64</i>		<i>1st PSI</i>
				<i>3.5</i>	<i>Slow RATE</i>
<i>8:30</i>	<i>1500</i>		<i>86.5</i>		<i>Plug down</i>
			<i>7</i>		<i>plug RH w/ 20 sk</i>
					<i>JOB complete</i>
					<i>THANK you</i>