



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 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Hamby Oil LLC
Well Name	Miller 1
Doc ID	1152803

Tops

Name	Top	Datum
Anhydrite	496	+1278
Topeka	2650	-876
Heebner	2898	-1124
Toronto	2915	-1141
Douglas	2930	-1156
Brown Lime	3026	-1252
Lansing	3045	-1271
Arbuckle	3280	-1506

QUALITY WELL SERVICE, INC.

5884

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	5-13-13	Sec.	16	Twp.	20	Range	11	County	Barton	State	Ks	On Location	10:00 P.M.	Finish	
Lease	Miller	Well No.	1	Location Ellinwood Ks S on 100th Rd to											
Contractor	Southward Drigs #70							Owner	30th Rd 2 1/2 E Sinto						
Type Job	Surface							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Hole Size	12 1/4	T.D.	271												
Csg.	8 5/8 23	Depth	270		Charge To	Hambi Oil									
Tbg. Size		Depth													
Tool		Depth													
Cement Left in Csg.		Shoe Joint	30		The above was done to satisfaction and supervision of owner agent or contractor.										
Meas Line		Displace	15.5		Cement Amount Ordered	275 ss 60/40									
EQUIPMENT															
Pumptrk	3	No.	BRADY		Common	165									
Bulktrk	10	No.	MILKE		Poz. Mix	110									
Bulktrk		No.			Gel.	5									
Pickup		No.	TODD		Calcium	9									
JOB SERVICES & REMARKS															
Rat Hole														Hulls	
Mouse Hole														Salt	
Centralizers														Flowseal	69
Baskets														Kol-Seal	
D/V or Port Collar														Mud CLR 48	
Rn 9 Jt's 8 5/8 23 1/2 csg														CFL-117 or CD110 CAF 38	
SFK 2 270'														Sand	
Mik's Pump 275 ss 60/40														Handling	239
2 1/2 TEL 3 1/2 CC 1/4" CF.														Mileage	
10 1 1/2 1 1/2 gnl														FLOAT EQUIPMENT	
SHUT DOWN														Guide Shoe	
Release 8 1/2 WOODEN PLUG														Centralizer	
Disp 15.5 Bbl total														Baskets	
Good size thru JOB														AFU Inserts	
Circ OUT TO PIT														Float Shoe	
Think TOO DIRT														Latch Down	
MILKE														1 WOODEN PLUG	
PLUG														Pumptrk Charge	SURFACE
SHUT DOWN														Mileage	
												Tax			
												Discount			
												Total Charge			
X Signature <i>[Signature]</i>															

QUALITY WELL SERVICE, INC.

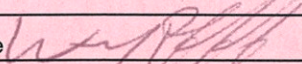
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Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	5-19-13	Sec.	16	Twp.	20	Range	1	County	Barton	State	Ks	On Location	6:45 AM	Finish	10:45 AM	
Lease	Miller	Well No.	1		Location		Ellinwood Ks S on 100th to 30rd									
Contractor	Southwind Dels				Owner		2 1/2 E S 19 to									
Type Job	Longstrings				To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.											
Hole Size	77/8		T.D.		3340		Charge To									
Csg.	5 1/2 15.5		Depth		3336		Hamby Oil									
Tbg. Size			Depth				Street									
Tool			Depth				City				State					
Cement Left in Csg.			Shoe Joint		15		The above was done to satisfaction and supervision of owner agent or contractor.									
Meas Line			Displace		79 Bbl		Cement Amount Ordered				200 sx Pro C					
EQUIPMENT							10% Salt 5 1/2 sx Gilsomite 5% Galat									
Pumptrk	3	No.	SEAN				Common				200					
Bulktrk	7	No.	MIKE				Poz. Mix									
Bulktrk		No.					Gel.									
Pickup		No.	TOM				Calcium									
JOB SERVICES & REMARKS							Hulls									
Rat Hole	30 sx						Salt				22					
Mouse Hole							Flowseal									
Centralizers	1-3-5-7-9-11						Kol-Seal				20					
Baskets							Mud CLR 48									
D/V or Port Collar							CFL-117 or CD110 CAF 38									
Ron BA	H's 5 1/2 15.5" csg						Sand									
Float shoe	LD Baffle 1H = 15						Handling				292					
Plug R Hole							Mileage									
							5 1/2 FLOAT EQUIPMENT									
							Guide Shoe									
Mix: Pump	170 sx Pro C						Centralizer				6					
15" GAL								Baskets								
SHUT DOWN RELEASE LD Plug							AFU Inserts									
Wash up tel & LINES							Float Shoe									1
							Latch Down									1
Disp 79 Bbls total																
plug Landed 1100* 10:30 AM																
RELEASE & HOLD							Pumptrk Charge									Longstrings
Pass circ thru JD3							Mileage									
Thanks TOM SEAN: MIKE																
PLEASE																
CALL AGAIN																
X Signature 											Tax					
											Discount					
											Total Charge					



DRILL STEM TEST REPORT

Prepared For: **Hamby Oil LLC**

PO Box 205
Ellinwood KS 67526

ATTN: Kurt Talbott

Miller #1

16-20s-11w Barton,KS

Start Date: 2013.05.18 @ 02:03:04

End Date: 2013.05.18 @ 09:51:04

Job Ticket #: 52277 DST #: 1

Hamby Oil LLC 16-20s-11w Barton,KS Miller #1 DST # 1 Arbuckle 2013.05.18

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2013.05.22 @ 11:28:59



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Hamby Oil LLC
PO Box 205
Ellinwood KS 67526
ATTN: Kurt Talbott

16-20s-11w Barton,KS
Miller #1
Job Ticket: 52277 DST#: 1
Test Start: 2013.05.18 @ 02:03:04

Tool Information

Drill Pipe:	Length: 3244.00 ft	Diameter: 3.80 inches	Volume: 45.50 bbl	Tool Weight: 2400.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 21000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 56000.00 lb
			<u>Total Volume: 45.50 bbl</u>	Tool Chased 2.00 ft
Drill Pipe Above KB:	22.00 ft			String Weight: Initial 39000.00 lb
Depth to Top Packer:	3242.00 ft			Final 43000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	40.00 ft			
Tool Length:	60.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
C.O. Sub	1.00			3223.00	
Shut in tool	5.00			3228.00	
HMV	5.00			3233.00	
Packer	4.00			3237.00	20.00 Bottom Of Top Packer
Packer	5.00			3242.00	
Stubb	1.00			3243.00	
Recorder	0.00	8352	Inside	3243.00	
Recorder	0.00	8370	Outside	3243.00	
Perforations	34.00			3277.00	
Bullnose	5.00			3282.00	40.00 Bottom Packers & Anchor
Total Tool Length:	60.00				



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Hamby Oil LLC

16-20s-11w Barton,KS

PO Box 205
Ellinwood KS 67526

Miller #1

Job Ticket: 52277

DST#: 1

ATTN: Kurt Talbott

Test Start: 2013.05.18 @ 02:03:04

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	51000 ppm
Viscosity: 51.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.78 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 4000.00 ppm			
Filter Cake: 0.20 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	750 ft. of GIP	0.000
215.00	GOCMW 15%g 14%o 21%m 50%w	3.016
375.00	GOCMW 9%g 22%o 8%m 61%w	5.260
500.00	SOCMW 1%o 9%m 90%w	7.014
240.00	MW w/o specs 4%m 96%w	3.367

Total Length: 1330.00 ft Total Volume: 18.657 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments: Rw.14@73deg

Serial #: 8352

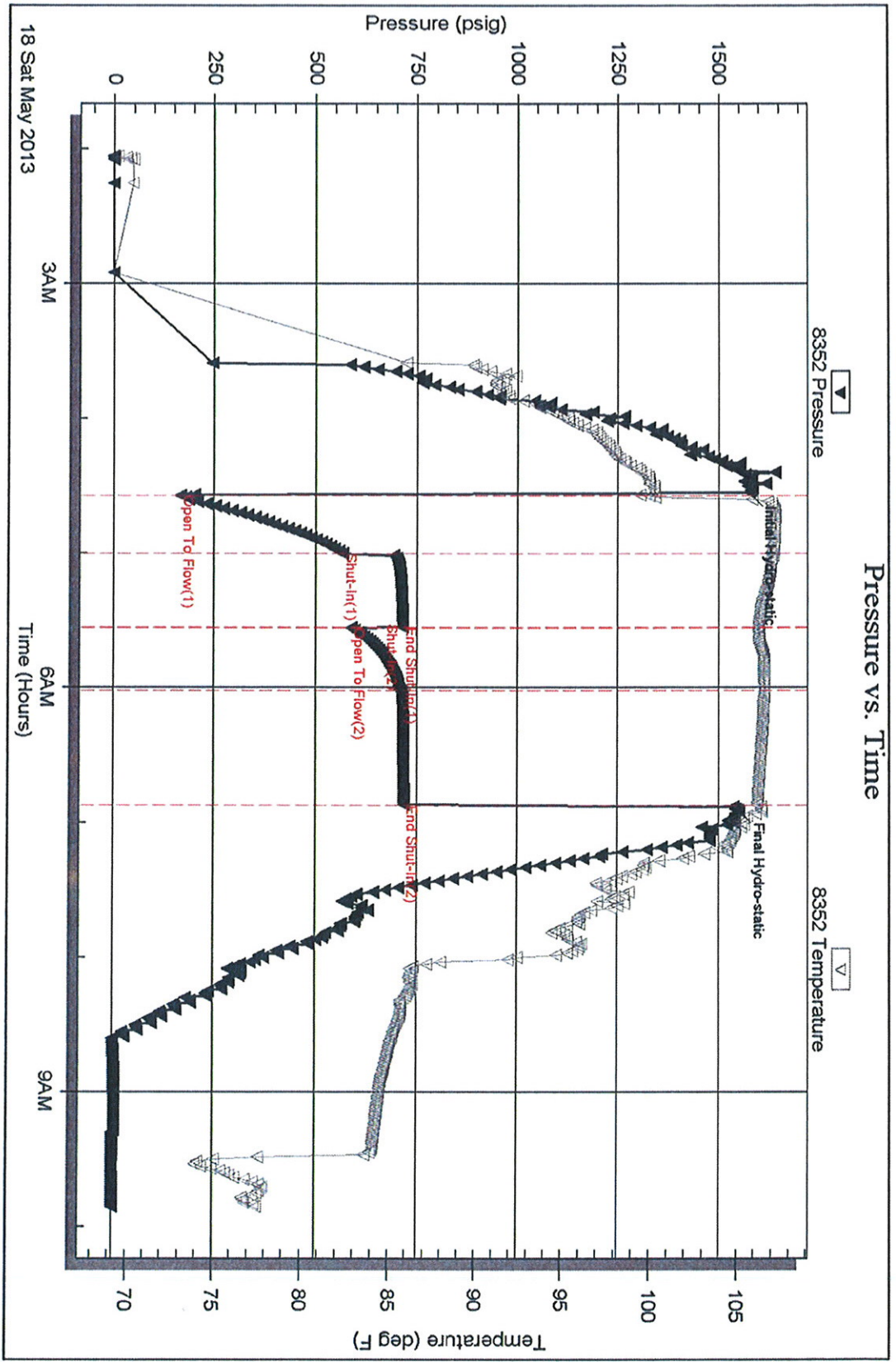
Inside

Harty Oil LLC

Miller #1

DST Test Number: 1

Pressure vs. Time



Trickle Testing, Inc

Ref. No: 52277

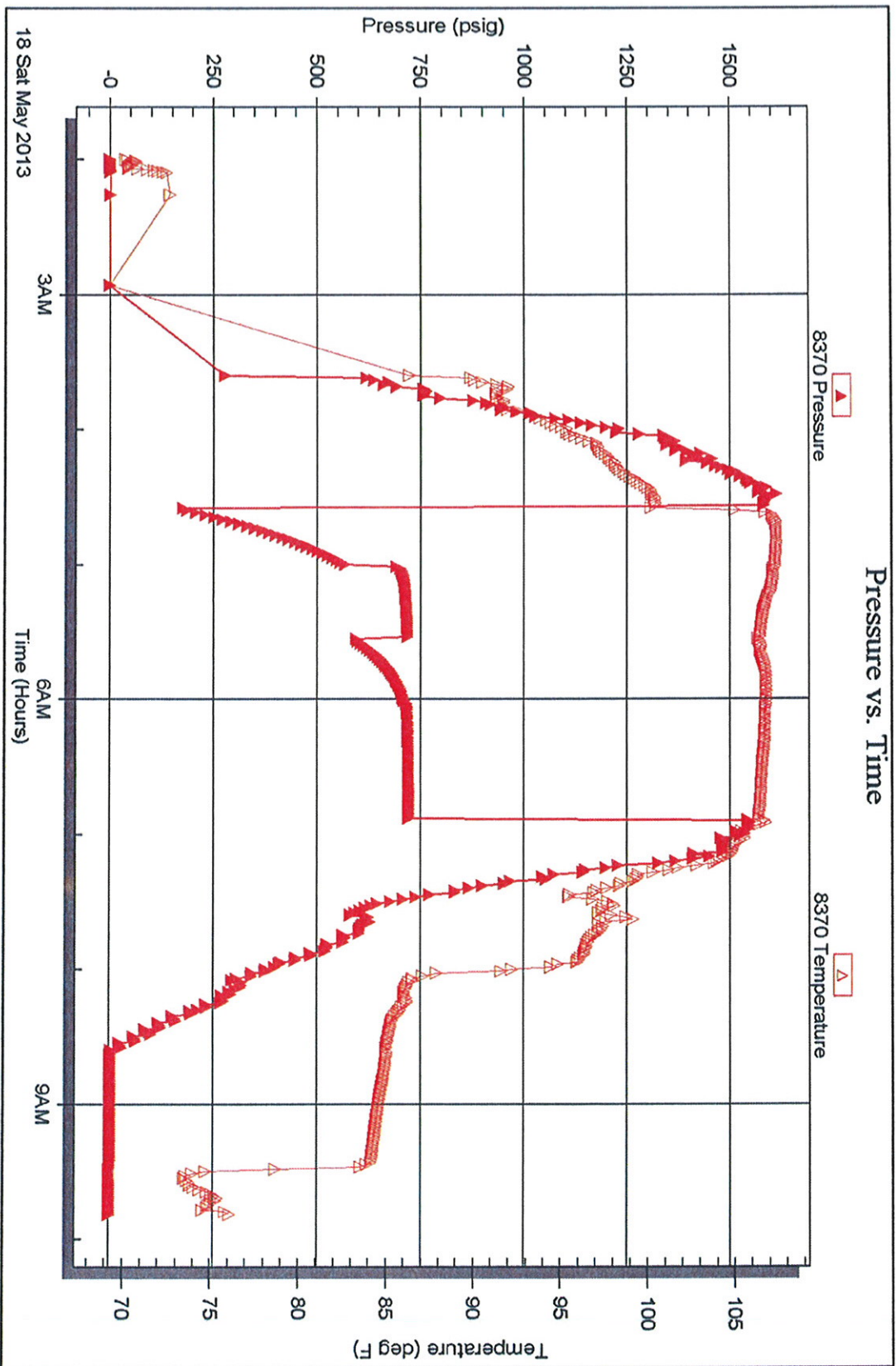
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Serial #: 8370

Outside Hamby Oil LLC

Miller #1

DST Test Number: 1



Tribotile Testing, Inc

Ref. No: 52277

Printed: 2013.05.22 @ 11:29:02



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 52277

Well Name & No. MILLER #1 Test No. 1 Date 5-18-13
 Company HAMBY OIL LLC Elevation 1774 KB 1766 GL
 Address P.O. Box 205, EUNWOOD KS 67526
 Co. Rep / Geo. KURT TALBOTT Rig SOUTHWIND DRUG #6
 Location: Sec. 16 Twp. 20^S Rge. 11^W Co. BARTON State Ks.

Interval Tested 3242-3282' Zone Tested ARBUCKLE
 Anchor Length 40' Drill Pipe Run 3244' Mud Wt. 9.1
 Top Packer Depth 3237' Drill Collars Run 0 Vis SI
 Bottom Packer Depth 3242' Wt. Pipe Run 0 WL 8.8 cc
 Total Depth 3282' Chlorides 4,000 ppm System LCM 2nd

Blow Description IF: Strong blow. B.O.B. in 2 1/2 mins.
IST: Weak blow 1/2 - 2 1/2"
FF: Strong blow. B.O.B. in 2 1/2 mins. FST: Weak blow. 1/2 - 2"

Rec	Feet of	%gas	%oil	%water	%mud
150	Gas in pipe				
215	GOC MW	15%	14%	50%	21%
375	GOC MW	9%	22%	61%	8%
500	SOC MW		1%	90%	9%
240	MW w on press.			96%	4%

Rec Total 1330 Fluid BHT 106° Gravity N/A API RW .14 @ 73° F Chlorides 51,000 ppm

(A) Initial Hydrostatic 1578 Test 1150 T-On Location 0036
 (B) First Initial Flow 165 Jars _____ T-Started 0203
 (C) First Final Flow 566 Safety Joint _____ T-Open 0434
 (D) Initial Shut-In 716 Circ Sub _____ T-Pulled 0649
 (E) Second Initial Flow 588 Hourly Standby _____ T-Out 0951
 (F) Second Final Flow 708 Mileage 1127 x 2 * 347.20 *
 (G) Final Shut-In 718 Sampler _____
 (H) Final Hydrostatic 1549 Straddle _____
 Shale Packer _____
 Extra Packer _____
 Extra Recorder _____
 Day Standby _____
 Accessibility _____
 Sub Total 1497.20

Initial Open 30
 Initial Shut-In 30
 Final Flow 30
 Final Shut-In 45

Sub Total 1497.20 MP/DST Disc't _____

Comments * LEFT TOOLS @ THEIR REQUEST, WENT 7 LOAD 8 HRS. LATER

Approved By Kurt Talbott Our Representative Cary P. [Signature]

TriLOBITE TESTING Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.