



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: _____



1154581

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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Formation Tops

Formation	King Oil II, LLC. Cox #3-9 Sec. 9 T21s R22w 2000' FSL & 330' FWL
Anhydrite	1422', +837
Base	1457', +802
Heebner	3702', -1443
Lansing	3751', -1492
BKc	4104', -1845
Pawnee	4186', -1927
Fort Scott	4262', -2003
Cherokee	4285', -2026
Mississippian	4339', -2080
RTD	4352', -2093

Sample Zone Descriptions

Fort Scott

(4262', -2003): Covered in DST #1

Ls – Fine crystalline with scattered poor inter-crystalline and vuggy porosity, light to fair golden brown oil stain, show of free oil when broken, very light odor, very good yellow fluorescents.

Miss. Osage

(4339', -2080): Covered in DST #2

Δ – White to light gray, slightly triptolic in part. Weathered with fair scattered vuggy porosity, light to fair spotted oil stain, slight show of free oil on cup, fair odor, light to fair spotted yellow fluorescents.

Drill Stem Tests
Trilobite Testing Inc.
"Mike Roberts"

DST #1

Fort Scott

Interval (4239' -4290') Anchor Length 51'

IHP	- 2132 #	
IFP	- 30" - Built to 1 1/2 in.	50-61 #
ISI	- 30" - Dead	716 #
FFP	- 15" - Dead	67-74 #
FHP	- 2089 #	
BHT	- 119°F	

Recovery: 90' Mud with oil spots

DST #2

Mississippian Osage

Interval (4305' -4352') Anchor Length 47'

IHP	- 2142 #	
IFP	- 10" - B.O.B. 2 min.	277-484 #
ISI	- 30" - Dead	1332 #
FFP	- 10" - B.O.B. 2 min.	425-634 #
FSI	- 30" - Dead	1320 #
FHP	- 2059 #	
BHT	- 130°F	

Recovery: 248' Mud with oil spots
992' MCW 95% Water

Structural Comparison

	King Oil II, LLC. Cox #3-9 Sec. 9 T21s R22w 2000' FSL & 330' FWL	Pickrell Drilling, Inc. Cox #1 Sec. 9 T21s R22w C NW SW		Pickrell Drilling, Inc. Selfridge #2 Sec. 8 T21s R22w C NE SE	
Formation					
Anhydrite	1422', +837	1417', +839	(+2)	NA	NA
Base	1457', +802	NA	NA	NA	NA
Heebner	3702', -1443	3709', -1453	(+10)	3675', -1425	(-18)
Lansing	3751', -1492	3756', -1500	(+8)	3726', -1476	(-16)
BKc	4104', -1845	4106', -1850	(+5)	NA	NA
Pawnee	4186', -1927	4190', -1934	(+7)	NA	NA
Fort Scott	4262', -2003	4262', -2006	(+3)	NA	NA
Cherokee	4285', -2026	4285', -2029	(+3)	NA	NA
Mississippian	4339', -2080	4346', -2090	(+10)	4317', -2067	(-13)

ALLIED OIL & GAS SERVICES, LLC 060583

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Great Bend

DATE <u>7-10-13</u>	SEC. <u>09</u>	TWP. <u>21</u>	RANGE <u>22</u>	CALLED OUT	ON LOCATION	JOB START <u>1:30pm</u>	JOB FINISH <u>2:30pm</u>
LEASE <u>COX</u>		WELL# <u>3-9</u>		LOCATION <u>Hansen</u>		COUNTY <u>Hodgeman</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR <u>DK Operating inc</u>	
TYPE OF JOB <u>Rozary Plug</u>	
HOLE SIZE <u>12 1/4</u>	T.D.
CASING SIZE <u>6 5/8</u>	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE <u>4 1/2</u>	DEPTH <u>1490</u>
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>All</u>	
PERFS.	
DISPLACEMENT <u>Fresh water</u>	
EQUIPMENT	
PUMP TRUCK	CEMENTER <u>Dosh Kasu</u>
# <u>390</u>	HELPER <u>Kevin Eddy</u>
BULK TRUCK	
# <u>473-187</u>	DRIVER <u>Marlyna Scothorn</u>
BULK TRUCK	
#	DRIVER

OWNER	
CEMENT	
AMOUNT ORDERED <u>240 SKS 60/40</u>	
<u>4 1/2 gal 4 #6</u>	
COMMON	<u>144</u> @ <u>17.90</u> <u>2,577.60</u>
POZMIX	<u>96</u> @ <u>9.35</u> <u>897.60</u>
GEL	<u>8</u> @ <u>23.40</u> <u>187.20</u>
CHLORIDE	@
ASC	@
<u>Flt Seal</u>	<u>60</u> @ <u>2.97</u> <u>178.20</u>
	@
	@
	@
	@
	@
	@
	@
	@
	@
HANDLING	<u>257.83</u> @ <u>2.48</u> <u>638.17</u>
MILEAGE <u>10.75 x 40 x</u>	<u>2.60</u> <u>1,118.00</u>
TOTAL <u>5,596.77</u>	

REMARKS:

On location - Rig up

#1	<u>1490ft - 50sk</u>
#2	<u>630 - 80</u>
#3	<u>240 - 50</u>
#4	<u>60 - 20</u>
<u>PH</u>	<u>20sk</u>
<u>MH</u>	<u>30sk plug down 2:15pm</u>

Rig down 2:30

CHARGE TO: DK Operating inc

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>1490</u>	
PUMP TRUCK CHARGE	<u>2483.52</u>
EXTRA FOOTAGE	@
MILEAGE <u>Hum 40</u>	@ <u>7.70</u> <u>308.00</u>
MANIFOLD	@
<u>hvm 40</u>	@ <u>4.40</u> <u>176.00</u>
	@
TOTAL <u>1967.54</u>	

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
TOTAL _____		

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME X Mike Rm

SIGNATURE X Mike Rm

Thank you!!

SALES TAX (If Any) _____

TOTAL CHARGES 7,564.38

DISCOUNT 1,891.09 IF PAID IN 30 DAYS

5,673.28