



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: _____

1155559



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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Form	ACO1 - Well Completion
Operator	Giles, Benjamin M.
Well Name	ERDWIEN 1A
Doc ID	1155559

Tops

Name	Top	Datum
KANSAS CITY	2417	-1032
BKC	2573	-1188
MISSISSIPPI	2868	-1483
KINDERHOOK	3124	-1739
HUNTON	3170	-1785
VIOLA	3216	-1843
SIMPSON SHALE	3248	-1863
ARBUCKLE	3305	-1920

COPELAND

Acid & Cement

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

Page: 1

BURRTON, KS (620) 463-5161
 GREAT BEND, KS (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
 C38200-IN

BILL TO:
 BEN GILES
 MWM OIL CO., INC.
 346 SOUTH LULU
 WICHITA, KS 67211

LEASE: ERDWIEN 1A

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
01/24/2013	C38200		01/16/2013		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
50.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	200.00
50.00	MI	CEMENT MILEAGE PU TRUCK		0.00	2.00	100.00
1.00	EA	CEMENT PUMP CHARGE		0.00	1,100.00	1,100.00
200.00	SAX	60-40 POZ MIX 2% GEL		0.00	9.25	1,850.00
7.00	SAX	CALCIUM CHLORIDE - SAX		0.00	40.00	280.00
207.00	EA	BULK CHARGE		0.00	1.25	258.75
454.00	MI	BULK TRUCK - TON MILES		0.00	1.10	499.40
		<i>CEMENT SURFACE CASING</i>				
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: 4,288.15 SEDCO Sales Tax: 80.30 Invoice Total: <u>4,368.45</u>		
RECEIVED BY _____		NET 30 DAYS				

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code



ENTERED

TICKET NUMBER 38476
 LOCATION 180
 FOREMAN Larry Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT 15-173-21024-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-23-13	3079	M&L Land Stolle #2A	11	265	2E	SG
CUSTOMER Bew Giles						
MAILING ADDRESS 346 S WLU						
CITY Winchota		STATE KS	ZIP CODE 67211			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			603	Jamery A		
			502	Steve		
			539	Larry		

JOB TYPE Flood B HOLE SIZE 7 7/8 HOLE DEPTH 3380 CASING SIZE & WEIGHT 5 3/4 17 lb
 CASING DEPTH 3378 DRILL PIPE TUBING OTHER Plug 3349 K/B
 SLURRY WEIGHT 15.0 SLURRY VOL 608 WATER gal/sk CEMENT LEFT in CASING 29 ft. Short
 DISPLACEMENT 17.79 DISPLACEMENT PSI 1050 MIX PSI 0 RATE 7 bbls

REMARKS: Casing Run - checked out to 5 1/2 Csg - Pumped 10 bbls Freshwater, mixed 175 sls Thick-set + 5 lbs Kol-seal - Finished Pump & Plug
 Displaced Plug - Freshwater - Landed Plug 78 bbls - 1500 lbs
 Released float hole.

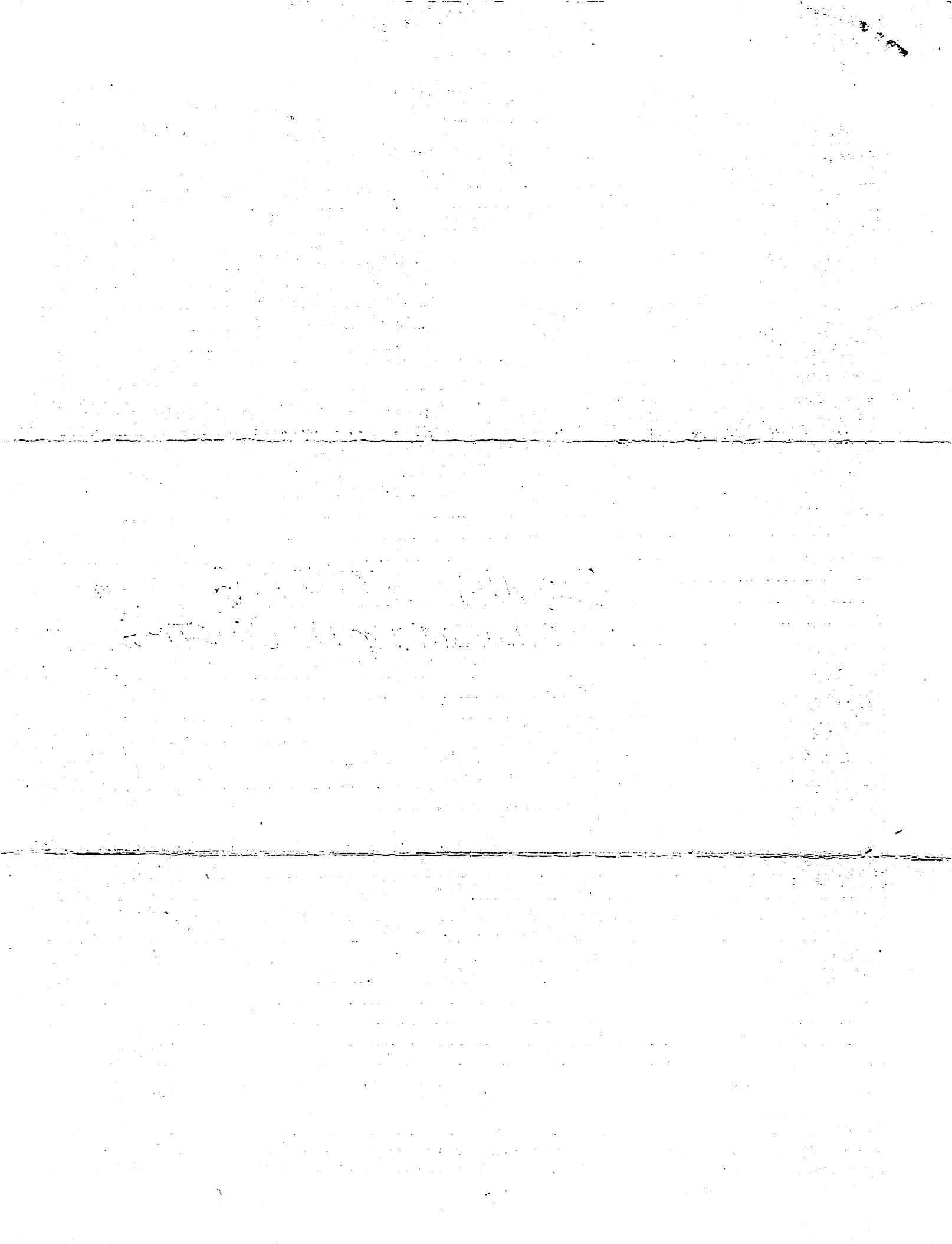
LONG STRING PRODUCTION CASING

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	18	MILEAGE	4.00	72.00
5402	880	Footage	.22	193.60
1126A	175	sls Thick-set	19.20	3360.00
1110A	875	lbs Kol-seal	.46	402.50
1144G	500	gals Mud Fresh	1.05	525.00
5407	1	Bulk Delivery	350.00	350.00
4159	1	5 1/2 AKU Float Shoe	344.00	344.00
4454	1	5 1/2 hatch down Plug Assembly	254.00	254.00
4104	3	5 1/2 Cement Baskets	229.00	687.00
4130	4	5 1/2 x 7 1/2 Centrifugers	48.00	192.00
4136	4	5 1/2 Tubed Cent.	60.00	240.00
				1650.10
			SALES TAX	438.33
			ESTIMATED TOTAL	8088.43

Rev 3737

AUTHORIZATION [Signature] TITLE 206250 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





ENTERED
ENTERED

TICKET NUMBER 38455
LOCATION 180
FOREMAN Jacob Storm

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																				
3-15-13	3079	erdwine #1	35	27	2 F	Sedgwick																				
CUSTOMER Ben Giles			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>603</td> <td>Jeff</td> <td></td> <td></td> </tr> <tr> <td>451 + 108</td> <td>Clay</td> <td></td> <td></td> </tr> <tr> <td>681</td> <td>Mark</td> <td></td> <td></td> </tr> <tr> <td>702</td> <td>Jacob</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	603	Jeff			451 + 108	Clay			681	Mark			702	Jacob		
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681	Mark																									
702	Jacob																									
MAILING ADDRESS 346 S Lulu																										
CITY STATE ZIP CODE wichita KS 67211																										
Safety meeting mg cc JS																										

JOB TYPE Squeez HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 17 lb
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT 14 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 60 ft
 DISPLACEMENT 14.65 DISPLACEMENT PSI 1600 MIX PSI 1000 RATE 4.3 bpm

REMARKS: Safety meeting load backside shut in at 500 psi, get
Route found at 4 bpm 1500 psi mix 35 sks class A
displaced 13 bbl staged 15 min moved 1/2 bbl staged
15 min moved 1/4 bbl Stage 15 min preshard to 2000 shut
in

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1325.00	1325.00
5406	2.5	MILEAGE	4.00	100.00
5407	1	min bulk delivery	350.00	350.00
1104s	35	class A	14.95	523.25
5501c	3	transport	112.00	336.00
1123	5	city water	16.50	82.50
5613	1	squeez manifold	175.00	N/C
SQUEEZE PERFORATIONS				
Subtotal				2716.75
SALES TAX				44.20
ESTIMATED TOTAL				2760.97

Ravin 3737

AUTHORIZATION TITLE _____ DATE _____

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