



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: _____



1155972

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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> </table>	Name	Top	Datum
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
_____ 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: <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> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Culbreath oil & Gas
 1532 S. Peoria Ave. Tulsa Oklahoma 74120
 ATTN: Pat Deenihan

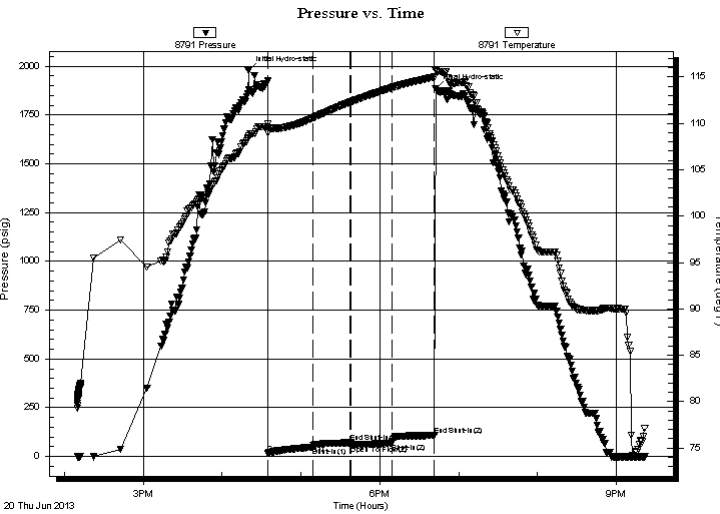
25 9s 27w sheridan Ks
McFadden #1-25
 Job Ticket: 51144 **DST#: 1**
 Test Start: 2013.06.20 @ 14:10:00

GENERAL INFORMATION:

Formation: **LKC-B&D**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Reset)
 Time Tool Opened: 16:35:00 Tester: Charles Kreutzer Jr.
 Time Test Ended: 21:21:30 Unit No: 61
 Interval: **3877.00 ft (KB) To 3918.00 ft (KB) (TVD)** Reference Elevations: 2688.00 ft (KB)
 Total Depth: 3918.00 ft (KB) (TVD) 2678.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Good KB to GR/CF: 10.00 ft

Serial #: 8791 Inside
 Press @ Run Depth: 67.76 psig @ 3878.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2013.06.20 End Date: 2013.06.20 Last Calib.: 2013.06.20
 Start Time: 14:10:01 End Time: 21:21:30 Time On Btm: 2013.06.20 @ 16:20:00
 Time Off Btm: 2013.06.20 @ 18:42:30

TEST COMMENT: IF: Weak blow , Surface over 30 mins.
 IS: No blow back over 30 mins.
 FF: Weak blow after 10 mins. Built to surface over 30 mins.
 FS: No blow back over 30 mins.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1978.27	108.45	Initial Hydro-static
15	17.35	108.95	Open To Flow (1)
49	47.87	110.57	Shut-In(1)
77	70.36	112.24	End Shut-In(1)
78	59.54	112.29	Open To Flow (2)
109	67.76	113.82	Shut-In(2)
142	108.06	114.97	End Shut-In(2)
143	1885.88	115.70	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
115.00	MCW-10% m90% w	0.57
35.00	WCM-40% w 60% m	0.49

* Recovery from multiple tests

Gas Rates

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



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TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Culbreath oil & Gas

25 9s 27w sheridan Ks

1532 S. Peoria Ave. Tulsa Oklahoma 74120

McFadden #1-25

Job Ticket: 51144

DST#: 1

ATTN: Pat Deenihan

Test Start: 2013.06.20 @ 14:10:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 55.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.79 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2000.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
115.00	MCW-10% <i>m</i> 90% <i>w</i>	0.566
35.00	WCM-40% <i>w</i> 60% <i>m</i>	0.491

Total Length: 150.00 ft Total Volume: 1.057 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

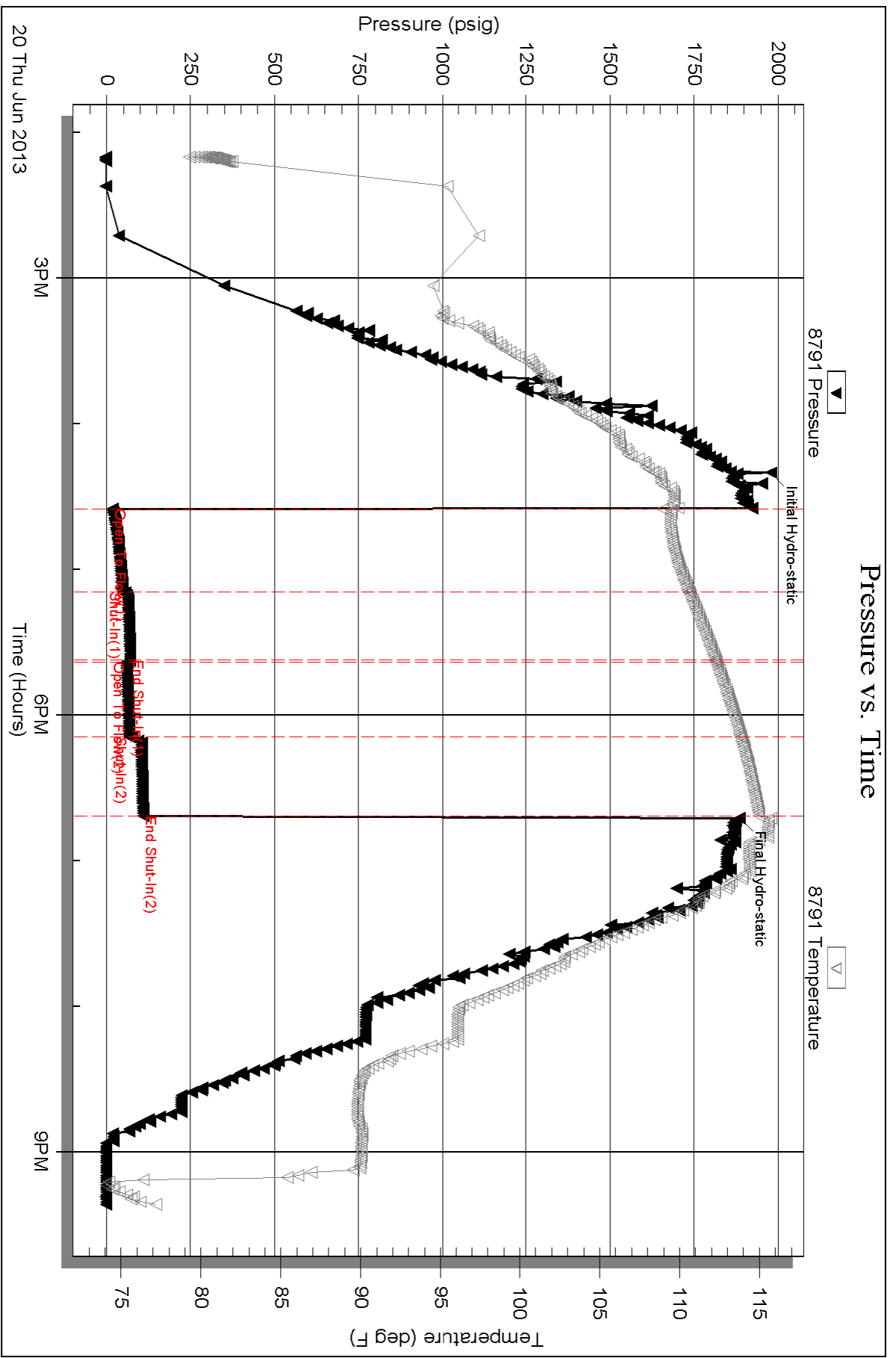
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Inside

Culbreath oil & Gas

McFadden #1-25

DST Test Number: 1





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Reference Elevations: 2688.00 ft (KB)
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KB to GR/CF: 10.00 ft
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Tester: Charles Kreutzer Jr.
Unit No: 61

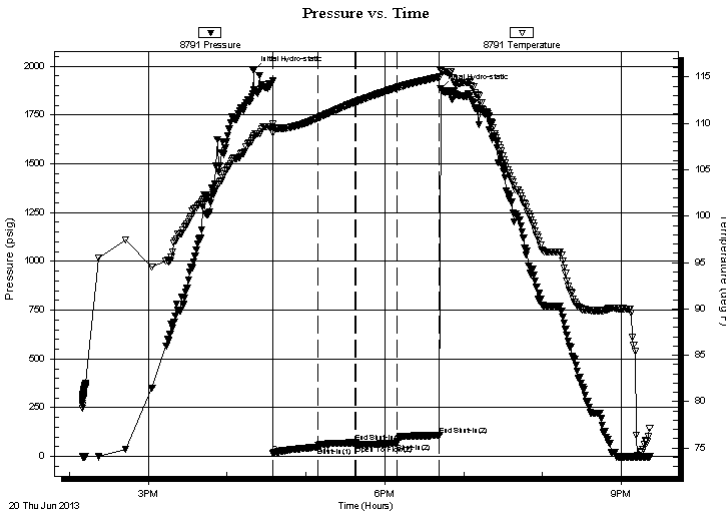
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Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 10.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 55.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.79 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 2000.00 ppm			
Filter Cake: 2.00 inches			

Recovery Information

Recovery Table

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 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:

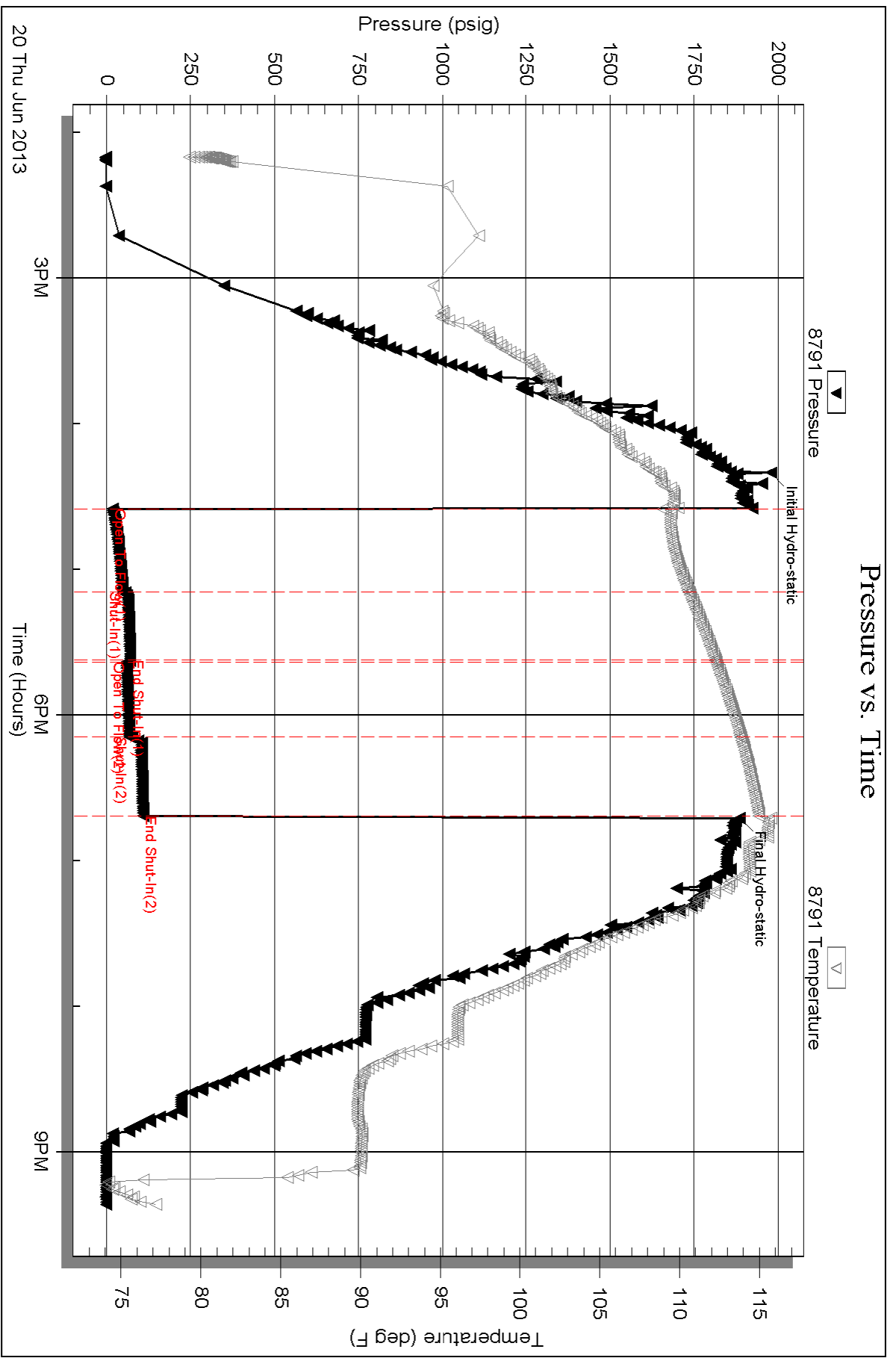
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Inside

Culbreath oil & Gas

McFadden #1-25

DST Test Number: 1



Global Cementing LLC dba SOS LLC

18048 I-70 Road
Russell, KS 67665

Invoice

Date	Invoice #
6/15/2013	1045

Bill To
CULBREATH OIL & GAS CO INC 1532 S PEORIA AVE TULSA,OK 74120

P.O. No.	Terms	Project
MCFADDEN 1-25	Net 30	

Quantity	Description	Rate	Amount
175	COMMON	15.50	2,712.50T
6	CALCIUM	53.00	318.00T
4	GEL	20.50	82.00T
184	HANDLING	2.10	386.40
	BULK MILEAGE	364.40	364.40
1	TRI-PLEX PUMP CHARGE FOR SURFACE	1,050.00	1,050.00
36	PUMP TRUCK MILEAGE	6.50	234.00
36	LMV	2.00	72.00
	DISCOUNT	-547.80	-547.80
	Sales Tax	8.30%	258.34

Please remit to above address.

Phone #	Fax #	E-mail
785-324-2658	785-445-3526	globalcementingllc@gmail.com

Total **\$4,929.84**

SCHIPPER'S OIL FIELD SERVICES, L.L.C.

1045

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT:
Russell, KS - Hoxie, KS

DATE <u>6-15-13</u>	SEC. <u>25</u>	TWP. <u>9</u>	RANGE <u>27</u>	CALLED OUT	ON LOCATION	JOB START <u>12:45pm</u>	JOB FINISH <u>1:15pm</u>
LEASE <u>McFadden</u>	WELL.#. <u>1-25</u>	LOCATION			COUNTY <u>Shannon</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (CIRCLE ONE)							

CONTRACTOR Landmark Drilling
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 245'
 CASING SIZE 8 5/8 DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 20 ft
 PERFS
 DISPLACEMENT

OWNER
 CEMENT AMOUNT ORDERED 175 SY 10M 3% CC
2% gel
 COMMON 175 SY @ 415.50
 POZMIX 4 SY @ 29.00
 GEL 6 SY @ 53.00
 CHLORIDE @
 ASC @
 @
 @
 @
 @
 @
 @
 @
 @
 @
 HANDLING 184 SY @ 11.50/100 SY
 MILEAGE
 TOTAL

EQUIPMENT
 PUMP TRUCK CEMENTER Heath
 # P1 HELPER Cody
 BULK TRUCK
 # B1 DRIVER Jay
 BULK TRUCK
 # DRIVER

REMARKS:
Ran 6 Hrs of 8 5/8 casing and landing
it
Est Circulation
Hook up and mix 175 SY and disp 1st
of H2O - Shot in @ 300 PSI
Cement Did circulate!

CHARGE TO: Culbreath
 STREET
 CITY STATE ZIP

Schippers Oil Field Services, L.L.C.,
 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 Dick Collins
 SIGNATURE Dick Collins

SERVICE
 DEPTH OF JOB
 PUMP TRUCK CHARGE
 EXTRA FOOTAGE @
 MILEAGE @
 MANIFOLD @
 @
 @
 TOTAL

PLUG & FLOAT EQUIPMENT
 @
 @
 @
 @
 @
 TOTAL

SALES TAX (If Any)
 TOTAL CHARGES
 DISCOUNT IF PAID IN 30 DAYS