



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 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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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 7855

Date	9-6-13	Sec.	27	Twp.	12	Range	16	County	ELLIS	State	KS	On Location	8.45 AM	Finish	11.45 AM
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Lease JITH froelich Well No. 10 Location Walker N to DE 1W 1N 3/4E Owner Ninto

Contractor Royal 1 To Quality Oilwell Cementing, Inc.
Type Job Long surface You are hereby requested to rent cementing equipment and furnish
Hole Size 10 1/2 T.D. 947 Charge To Benne H of Schulte
Csg. 8 5/8 Depth Street
Tbg. Size Depth City State
Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. 42.41 ft Shoe Joint 42.41 ft Cement Amount Ordered 380 390 cc 290
Meas Line 2316 Displace 57.5 BBL gel

EQUIPMENT				Common
Pumptrk	5	No.	Cementer/Helper <u>Matt</u>	Poz. Mix
Bulktrk	12	No.	Driver <u>Kennie W</u>	Gel.
Bulktrk	pu	No.	Driver <u>Kennie M</u>	Calcium

JOB SERVICES & REMARKS

Remarks: Hulls
Rat Hole Salt
Mouse Hole Flowseal
Centralizers Mud CLR 48
Baskets CFL-117 or CD110 CAF 38
D/V or Port Collar Sand

Cement did
Circulate

Handling
Mileage 8 5/8 **FLOAT EQUIPMENT**
Guide Shoe
Centralizer

Baskets
AFU Inserts
Float Shoe
Latch Down
Baffle plate
Rubber plug
Pumptrk Charge
Mileage

X Signature Doug Budig

Tax
Discount
Total Charge

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 7857

Date	9-10-13	Sec.	27	Twp.	12	Range	16	County	Ellis	State	KS	On Location	7:00pm	Finish	10:15pm
Location								Walter N to DE 1W 1N 1E							

Lease J.I. & H. Froelich Well No. 10

Contractor Royal I

Type Job plug 306

Hole Size 7 7/8 T.D. 3585

Csg. Dill pipe Depth

Tbg. Size Depth

Tool Depth

Cement Left in Csg. Shoe Joint

Meas Line Displace

Owner Ninto

To Quality Oilwell Cementing, Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Charge To Bennett Schulte

Street Bennett Schulte

City State

The above was done to satisfaction and supervision of owner agent or contractor.

Cement Amount Ordered 270 60/40 49650

1/4 flow

EQUIPMENT

Pumptrk	5	No.	Cementer	<u>Mike</u>
			Helper	
Bulktrk	1	No.	Driver	<u>Lovine W</u>
			Driver	
Bulktrk	09	No.	Driver	<u>David</u>
			Driver	

Common

Poz. Mix

Gel.

Calcium

Hulls

Salt

Flowseal

Kol-Seal

Mud CLR 48

CFL-117 or CD110 CAF 38

Sand

Handling

Mileage

JOB SERVICES & REMARKS

Remarks:

Rat Hole 30 SWS

Mouse Hole 15 SWS

Centralizers

Baskets 356 5 6

D/V or Port Collar

1st	360 ft	<u>50 SWS</u>
2nd	<u>1290 ft</u>	<u>25 SWS</u>
3rd	<u>1000 ft</u>	<u>40 SWS</u>
4th	<u>780 ft</u>	<u>100 SWS</u>
5th	<u>40 ft</u>	<u>10 SWS</u>

FLOAT EQUIPMENT

Guide Shoe

Centralizer

Baskets

AFU Inserts

Float Shoe

Latch Down

wood plug

Pumptrk Charge

Mileage

Quality Oilwell Cementing

Tax

Discount

Total Charge

X Signature Henry Budez



DRILL STEM TEST REPORT

Prepared For: **Bennett & Schulte Oil Co**

PO Box 329
Russell, KS 67665

ATTN: Frank Schulte

J I & H Froelich #10

27-12s-16w Ellis,KS

Start Date: 2013.09.10 @ 09:46:32

End Date: 2013.09.10 @ 17:13:09

Job Ticket #: 52397 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Printed: 2013.09.11 @ 08:32:13



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Bennett & Schulte Oil Co

27-12s-16w Ellis,KS

PO Box 329
Russell, KS 67665

J I & H Froelich #10

Job Ticket: 52397

DST#: 1

ATTN: Frank Schulte

Test Start: 2013.09.10 @ 09:46:32

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 13:02:17

Time Test Ended: 17:13:09

Test Type: Conventional Bottom Hole (Initial)

Tester: Leal Cason

Unit No: 45

Interval: 3542.00 ft (KB) To 3585.00 ft (KB) (TVD)

Reference Elevations: 2112.00 ft (KB)

Total Depth: 3585.00 ft (KB) (TVD)

2106.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 6.00 ft

Serial #: 6798 Inside

Press @ Run Depth: 992.45 psig @ 3543.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.09.10

End Date:

2013.09.10

Last Calib.:

2013.09.10

Start Time: 09:46:33

End Time:

17:13:09

Time On Btm:

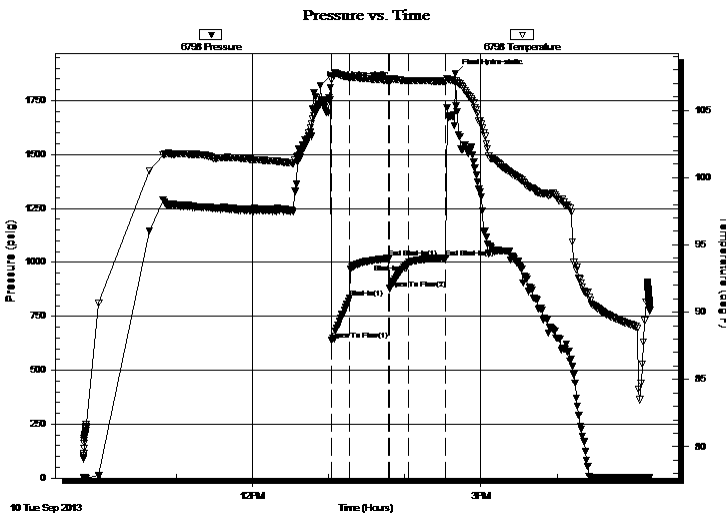
2013.09.10 @ 12:53:17

Time Off Btm:

2013.09.10 @ 14:40:02

TEST COMMENT: IF: Strong Blow , BOB in 45 seconds
IS: No Blow Back
FF: Strong Blow , BOB in 45 seconds
FS: No Blow Back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1820.41	105.44	Initial Hydro-static
9	640.18	107.29	Open To Flow (1)
23	835.42	107.41	Shut-In(1)
54	1018.89	107.22	End Shut-In(1)
55	878.47	107.17	Open To Flow (2)
70	992.45	107.18	Shut-In(2)
99	1022.00	107.16	End Shut-In(2)
107	1876.34	107.22	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
120.00	Water	1.68
1306.00	MCW 10%M 90%W	18.32
310.00	OSMW 1%O 20%M 79%W	4.35
434.00	SOWCM 5%O 35%W 60%M	6.09

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Bennett & Schulte Oil Co

27-12s-16w Ellis,KS

PO Box 329
Russell, KS 67665

J I & H Froelich #10

Job Ticket: 52397

DST#: 1

ATTN: Frank Schulte

Test Start: 2013.09.10 @ 09:46:32

Tool Information

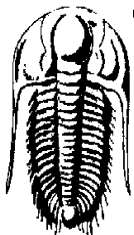
Drill Pipe:	Length: 3525.00 ft	Diameter: 3.80 inches	Volume: 49.45 bbl	Tool Weight: 2100.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose: 70000.00 lb
			<u>Total Volume: 49.45 bbl</u>	Tool Chased ft
Drill Pipe Above KB:	4.00 ft			String Weight: Initial 58000.00 lb
Depth to Top Packer:	3542.00 ft			Final 66000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	43.00 ft			
Tool Length:	64.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments: Dropped Bar

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut In Tool	5.00			3526.00	
Hydraulic tool	5.00			3531.00	
Safety Joint	2.00			3533.00	
Packer	5.00			3538.00	21.00 Bottom Of Top Packer
Packer	4.00			3542.00	
Stubb	1.00			3543.00	
Recorder	0.00	6798	Inside	3543.00	
Recorder	0.00	8367	Outside	3543.00	
Perforations	5.00			3548.00	
Change Over Sub	1.00			3549.00	
Drill Pipe	32.00			3581.00	
Change Over Sub	1.00			3582.00	
Bullnose	3.00			3585.00	43.00 Bottom Packers & Anchor

Total Tool Length: 64.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Bennett & Schulte Oil Co

27-12s-16w Ellis,KS

PO Box 329
Russell, KS 67665

J I & H Froelich #10

Job Ticket: 52397

DST#: 1

ATTN: Frank Schulte

Test Start: 2013.09.10 @ 09:46:32

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:

40000 ppm

Viscosity: 70.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3500.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
120.00	Water	1.683
1306.00	MCW 10%M 90%W	18.320
310.00	OSMW 1%O 20%M 79%W	4.348
434.00	SOWCM 5%O 35%W 60%M	6.088

Total Length: 2170.00 ft Total Volume: 30.439 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: RW w as .15 @ 85 degrees

Serial #: 6798

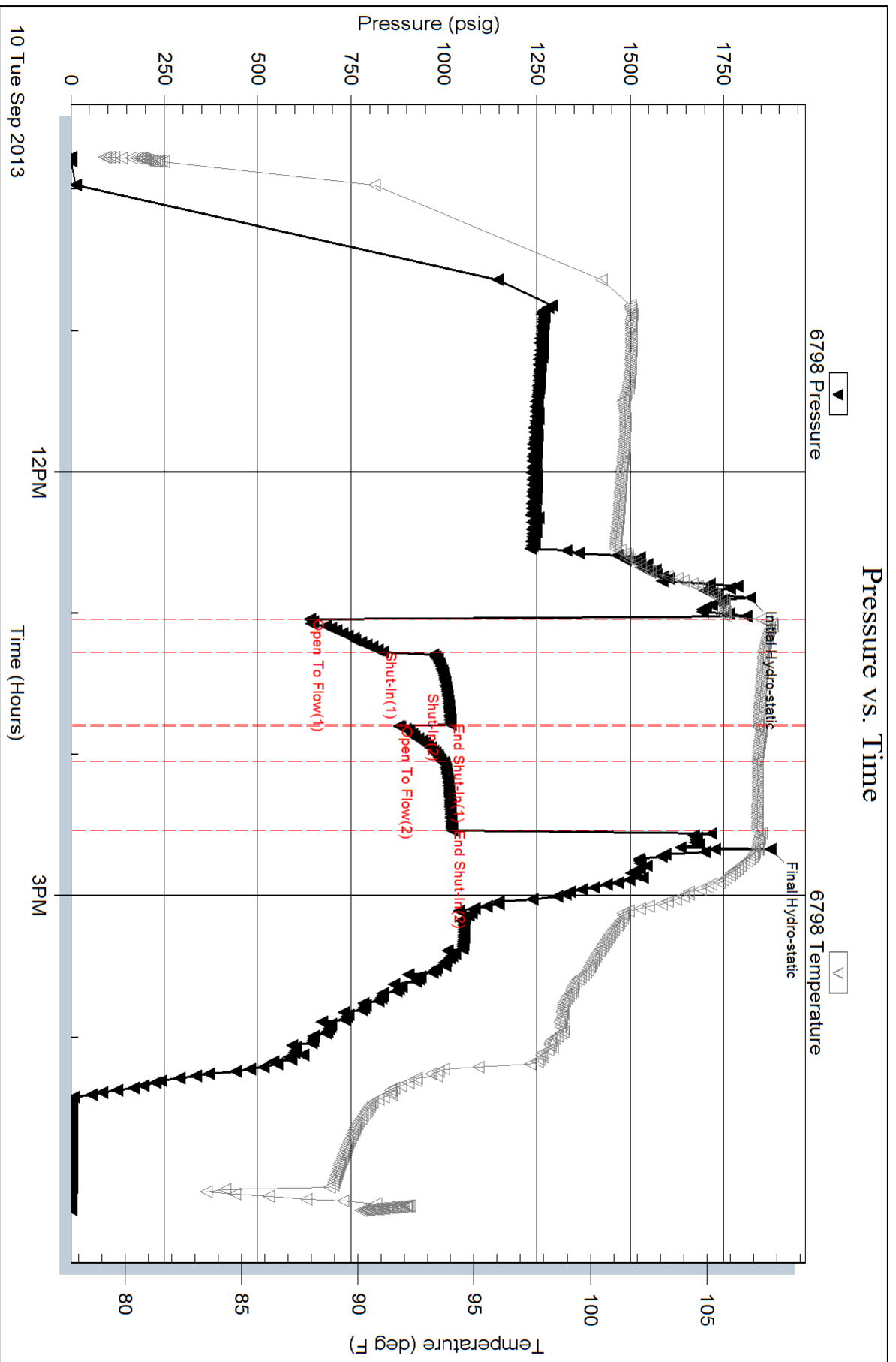
Inside

Bennett & Schulte Oil Co

J I & H Foelich #10

DST Test Number: 1

Pressure vs. Time

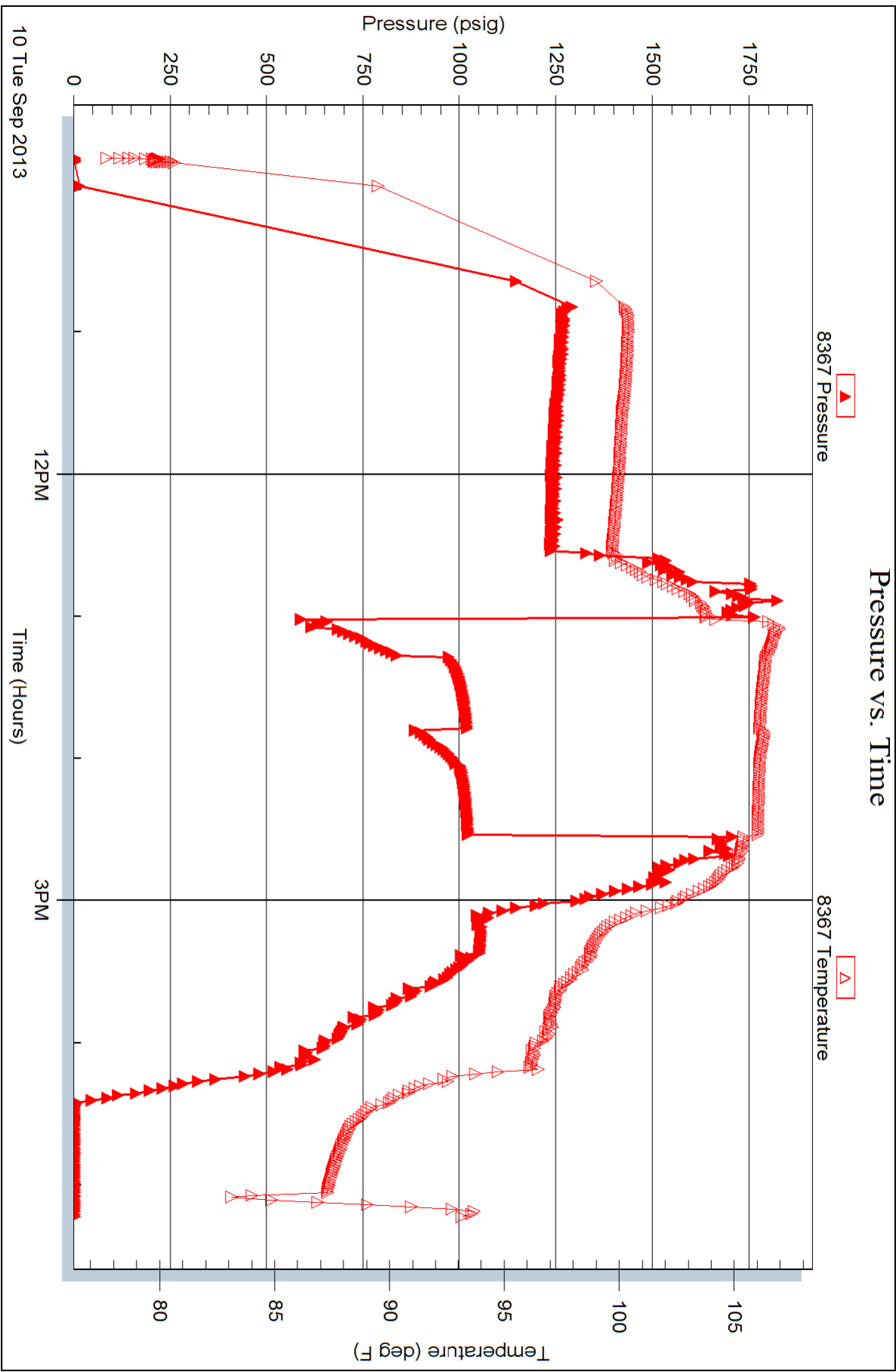


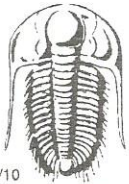
Serial #: 8367

Outside Bennett & Schulte Oil Co

J1 & H Foelich #10

DST Test Number: 1





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 52397

Well Name & No. J I + H Froelich 10 Test No. 1 Date 09/10/13
 Company Bennett + Schulte oil co Elevation 2112 KB 2106 GL
 Address Po Box 329 Russell, KS 67665
 Co. Rep / Geo. Frank Schulte Rig Royal 1
 Location: Sec. 27 Twp. 12 S Rge. 16 W Co. Ellis State KS

Interval Tested 3542 - 3585 Zone Tested Arbuckle
 Anchor Length 43 Drill Pipe Run 3525 Mud Wt. 8.9
 Top Packer Depth 3538 Drill Collars Run 0 Vis 70
 Bottom Packer Depth 3542 Wt. Pipe Run 0 WL 8.0
 Total Depth 3585 Chlorides 3500 ppm System LCM 1/2

Blow Description IF: Strong Blow, BOB in 45 seconds
ISJ: NO Blow Back
FF: Strong Blow, BOB in 45 seconds
FSJ:

Rec	Feet of	%gas	%oil	%water	%mud
<u>434</u>	<u>50wcm</u>		<u>5</u>	<u>35</u>	<u>60</u>
<u>310</u>	<u>OS MW</u>	<u>0</u>	<u>1</u>	<u>77</u>	<u>20</u>
<u>1306</u>	<u>MCW</u>			<u>90</u>	<u>10</u>
<u>120</u>	<u>water</u>				
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 2170 BHT 107 Gravity NIC API RW 30 @ 85 ° F Chlorides 40,000 ppm

(A) Initial Hydrostatic <u>1820</u>	<input checked="" type="checkbox"/> Test <u>1150</u>	T-On Location <u>08:45</u>
(B) First Initial Flow <u>640</u>	<input type="checkbox"/> Jars	T-Started <u>09:46</u>
(C) First Final Flow <u>835</u>	<input checked="" type="checkbox"/> Safety Joint <u>75</u>	T-Open <u>13:02</u>
(D) Initial Shut-In <u>1019</u>	<input type="checkbox"/> Circ Sub <u>50</u>	T-Pulled <u>14:32</u>
(E) Second Initial Flow <u>878</u>	<input type="checkbox"/> Hourly Standby	T-Out <u>17:13</u>
(F) Second Final Flow <u>992</u>	<input checked="" type="checkbox"/> Mileage <u>50</u> <u>77.50</u>	Comments <u>dropped Bar</u>
(G) Final Shut-In <u>1022</u>	<input type="checkbox"/> Sampler	
(H) Final Hydrostatic <u>1976</u>	<input type="checkbox"/> Straddle	<input type="checkbox"/> Ruined Shale Packer
Initial Open <u>15</u>	<input type="checkbox"/> Shale Packer	<input type="checkbox"/> Ruined Packer
Initial Shut-In <u>30</u>	<input type="checkbox"/> Extra Packer	<input type="checkbox"/> Extra Copies
Final Flow <u>15</u>	<input type="checkbox"/> Extra Recorder	Sub Total <u>0</u>
Final Shut-In <u>30</u>	<input type="checkbox"/> Day Standby	Total <u>1352.50</u>
	<input type="checkbox"/> Accessibility	MP/DST Disc't
	Sub Total <u>1352.50</u>	

Approved By [Signature] Our Representative [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.