



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: _____



1167073

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Great Plains Energy, Inc.
Well Name	Sander 1-15
Doc ID	1167073

Tops

Name	Top	Datum
Anhydrite	1340	+562
Base	1374	+530
Topeka	2864	-960
Heebner	3071	-1167
Toronto	3096	-1192
Lansing	3111	-1207
BKC	3337	-1433
Arbuckle	3475	-1571



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Great Plains Energy, Inc
6121 58th Street Suite B
Lincoln, NE 68516
ATTN: Mike Madchan

15-7s-18w Rooks,KS
Sander #1-15
Job Ticket: 50426 **DST#: 1**
Test Start: 2013.06.04 @ 10:25:51

GENERAL INFORMATION:

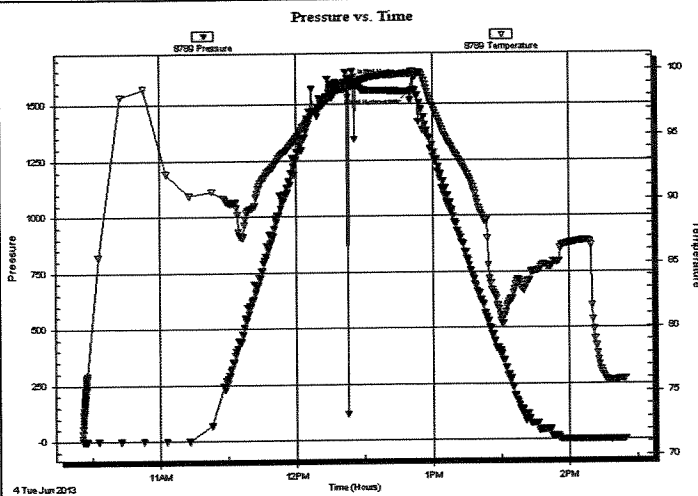
Formation: H-I-J-K-L
Deviated: No Whipstock: ft (KB)
Time Tool Opened:
Time Test Ended: 14:24:51
Interval: 3240.00 ft (KB) To 3343.00 ft (KB) (TVD)
Total Depth: 3343.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Good
Test Type: Conventional Bottom Hole (Initial)
Tester: Jason McLemore
Unit No: 54
Reference Elevations: 1904.00 ft (KB)
1896.00 ft (CF)
KB to GR/CF: 8.00 ft

Serial #: 8789

Inside

Press@RunDepth: psig @ 3337.00 ft (KB)
Capacity: 8000.00 psig
Start Date: 2013.06.04 End Date: 2013.06.04
Last Calib.: 2013.06.04
Start Time: 10:25:53 End Time: 14:24:51
Time On Btm: 2013.06.04 @ 12:24:21
Time Off Btm: 2013.06.04 @ 12:49:51

TEST COMMENT: IFP-Packer Failure, Pull Tool



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1595.20	98.74	Initial Hydro-static
26	1556.97	99.67	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
150.00	Drilling Mud	1.01

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Great Plains Energy, Inc

15-7s-18w Rooks,KS

6121 58th Street Suite B
Lincoln, NE 68516

Sander #1-15

Job Ticket: 50427

DST#: 2

ATTN: Mike Madchan

Test Start: 2013.06.04 @ 14:32:23

GENERAL INFORMATION:

Formation: I-J-K-L

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 15:58:23

Time Test Ended: 20:35:23

Test Type: Conventional Bottom Hole (Reset)

Tester: Jason McLemore

Unit No: 54

Interval: 3258.00 ft (KB) To 3343.00 ft (KB) (TVD)

Total Depth: 3343.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 1904.00 ft (KB)

1896.00 ft (CF)

KB to GR/CF: 8.00 ft

Serial #: 8789

Inside

Press@RunDepth: 26.16 psig @ 3325.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.06.04

End Date:

2013.06.04

Last Calib.: 2013.06.04

Start Time: 14:32:25

End Time:

20:35:23

Time On Btm: 2013.06.04 @ 15:57:38

Time Off Btm: 2013.06.04 @ 19:02:38

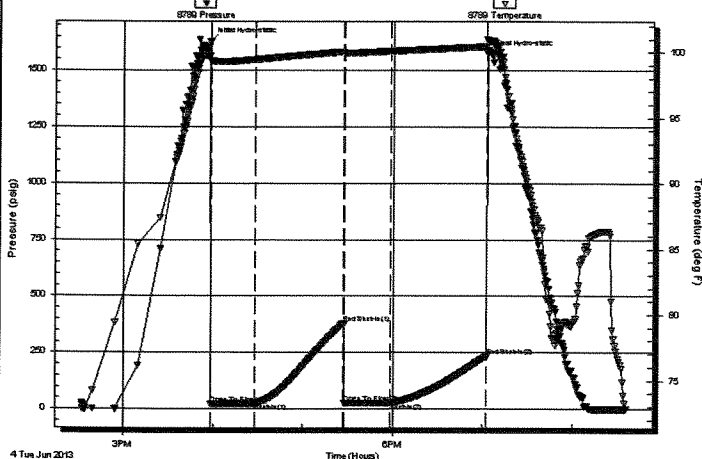
TEST COMMENT: IFP-Weak Surface Blow, Dead in 15 Min.

ISI-Dead

FFP-Dead

FSI-Dead

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1628.58	99.74	Initial Hydro-static
1	20.34	99.28	Open To Flow (1)
30	23.90	99.45	Shut-In(1)
90	380.10	100.04	End Shut-In(1)
90	24.76	99.86	Open To Flow (2)
121	26.16	100.09	Shut-In(2)
185	234.79	100.44	End Shut-In(2)
185	1573.69	100.99	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	Drilling Mud W/Oil Specks	0.02

* Recovery from multiple tests

Gas Rates

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

ALLIED OIL & GAS SERVICES, LLC 056614

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell, Ks

DATE <u>6.6.13</u>	SEC <u>15</u>	TWP <u>7</u>	RANGE <u>18</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
EASE <u>Sander</u>	WELL # <u>1-15</u>	LOCATION <u>Stockton, Ks</u>			COUNTY <u>Rooks</u>	STATE <u>Ks</u>	
OLD OR NEW (Circle one)		<u>3w to herd 3/4 n e. Info</u>					

CONTRACTOR UW #12 OWNER _____

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 3450'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT See 'Remarks'

EQUIPMENT _____

CEMENT AMOUNT ORDERED 255sk 60/40

41. gal 1/2 # Flo-Seal

COMMON <u>153sk</u>	@ <u>17.9</u>	\$ <u>2,738.70</u>
POZMIX <u>102sk</u>	@ <u>9.35</u>	\$ <u>953.90</u>
GEL <u>8.6sk</u>	@ <u>23.4</u>	\$ <u>201.24</u>
CHLORIDE _____	@ _____	_____
ASC _____	@ _____	_____
<u>Flo-Seal @ #50</u>	@ <u>2.97</u>	\$ <u>148.50</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>272.67 #2</u>	@ <u>2.48</u>	\$ <u>676.74</u>
MILEAGE <u>479.64 1/2m</u>	@ <u>2.60</u>	\$ <u>1,247.06</u>
TOTAL		\$ <u>5,965.42</u>

PUMP TRUCK CEMENTER Tony P.

409 HELPER Nathan D

BULK TRUCK

481 DRIVER Danny S.

BULK TRUCK

_____ DRIVER _____

REMARKS:

1- 50sk @ 3450' - 8.21 ^{hbl} sk/m

Dis - 4.9 ^{hbl} mud/min.

2- 25sk @ 1350' - 4.10 ^{hbl} sk/m

Dis - 17.55 ^{hbl} #20

3- 100sk @ 770' - 16.42 ^{hbl} sk/m

Dis - 4.38 ^{hbl} #20

4- 40sk @ 270' - 6.57 ^{hbl} sk/m

Dis - 1.21 ^{hbl} #20

5- 10sk @ 40' - 1.64 ^{hbl} sk/m = Fill to Surf. 1x 8 5/8 wooden plug - RAT = 30sk.

CHARGE TO: Great Plains Energy.

SERVICE

DEPTH OF JOB 3450'

PUMP TRUCK CHARGE \$2,158.75

EXTRA FOOTAGE @ _____

MILEAGE Heavy 42m @ 7.70 \$ 323.40

MANIFOLD Light 42m @ 4.40 \$ 184.80

_____ @ _____

_____ @ _____

TOTAL \$ 2,666.95

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

1x 8 5/8 wooden Plug @ _____ \$ 107.64

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL \$ 107.64

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 Colin Stannard

SIGNATURE [Signature]

SALES TAX (if Any) _____

TOTAL CHARGES 8740.01

DISCOUNT - 2185.00 IF PAID IN 30 DAYS

Net 6555.01 before tax

