



Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested: Yes No

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 Cathodic Other

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 Plug Back Conv. to GSW Conv. to Producer 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 GPS Location: Lat: Long: Datum: NAD27 NAD83 WGS84

County: Lease Name: Well #: Field Name:

Producing Formation: Elevation: Ground: Kelly Bushing: Total Vertical 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 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

Confidentiality Requested 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 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Landmark Resources, Inc.
Well Name	Rose 2-3
Doc ID	1183151

All Electric Logs Run

Dual Compensated Porosity Log
Microresistivity Log
Dual Induction Log
Borehole Compensated Sonic Log
Temperature Survey

Form	ACO1 - Well Completion
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Well Name	Rose 2-3
Doc ID	1183151

Tops

Name	Top	Datum
Anhydrite	2465	672
B/Anhydrite	2481	656
Topeka	3764	-627
Heebner	4004	-867
Toronto	4023	-886
Lansing	4048	-911
C	4088	-951
D	4103	-966
F	4160	-1023
Muncie Creek	4231	-1094
H	4242	-1105
I	4269	-1132
J	4303	-1166
Stark Shale	4332	-1195
K	4344	-1207
L	4390	-1253
BKC	4417	-1280
Marmaton	4473	-1336
Altamont	4489	-1352
Pawnee	4564	-1427
Myrick Station	4589	-1452
Fort Scott	4604	-1467
Cherokee	4630	-1493
Johnson Zone	4677	-1540

Form	ACO1 - Well Completion
Operator	Landmark Resources, Inc.
Well Name	Rose 2-3
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Tops

Name	Top	Datum
Up Morrow Sand	4807	-1670
Missippian	4830	-1693

ALLIED

OIL & GAS SERVICES, LLC

PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 139505
Invoice Date: Oct 30, 2013
Page: 1

21730

Bill To:
Landmark Resources, Inc.
1616 S. Voss
Suite 600
Houston, TX 77057-1264

Now Includes:



Customer ID	Field Ticket #	Payment Terms	
Land	61361	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Oct 30, 2013	11/29/13

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Rose #2-3		
210.00	CEMENT MATERIALS	Class A Common	17.90	3,759.00
4.00	CEMENT MATERIALS	Gel	23.40	93.60
7.00	CEMENT MATERIALS	Chloride	64.00	448.00
226.60	CEMENT SERVICE	Cubic Feet	2.48	561.97
414.00	CEMENT SERVICE	Ton Mileage	2.60	1,076.40
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
40.00	CEMENT SERVICE	Pump Truck Mileage	7.70	308.00
1.00	CEMENT SERVICE	Swedge Manifold Rental	360.00	360.00
40.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	176.00
1.00	CEMENT SUPERVISOR	Kelly Gabel		
1.00	EQUIPMENT OPERATOR	Wayne McGhghy		
1.00	OPERATOR ASSISTANT	Michael McKampson		

APPROVED NOV 13 2013

PP
NOV 13 2013
#44659
6323.06

.....P
.....P

8,645.72+

2,322.66-

6,323.06*

0.00

8,295.22

350.50

8,645.72

8,645.72

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 2,322.66

ONLY IF PAID ON OR BEFORE
Nov 24, 2013

Subtotal		8,295.22
Sales Tax	000	350.50
Total Invoice Amount		8,645.72
Payment/Credit Applied		
TOTAL		8,645.72

ALLIED OIL & GAS SERVICES, LLC 061361

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:

Oakley, KS

DATE <u>10-31-13</u>	SEC. <u>3</u>	TWP. <u>17</u>	RANGE <u>3-4</u>	CALLED OUT	ON LOCATION <u>11:00PM</u>	JOB START <u>11:00AM</u>	JOB FINISH <u>11:30AM</u>
LEASE <u>Rose</u>		WELL# <u>2-3</u>		LOCATION <u>Pense LIS 1/2 E sinto</u>		COUNTY <u>Scott</u>	STATE <u>KS</u>
OLD OR (NEW) (Circle one)							

CONTRACTOR Marlin #2221

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 266

CASING SIZE 8 5/8 DEPTH 266

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 16 bbl

OWNER Same

CEMENT

AMOUNT ORDERED 210 SKS com 370cc

29 gal

EQUIPMENT

PUMP TRUCK CEMENTER Kelly

422 HELPER Wayne

BULK TRUCK

386 & 310 DRIVER Mike

BULK TRUCK

_____ DRIVER _____

COMMON	<u>210</u>	@	<u>17.50</u>	<u>3750.00</u>
POZMIX		@	<u>2.50</u>	
GEL	<u>4 SKS</u>	@	<u>2.30</u>	<u>9.30</u>
CHLORIDE	<u>7 SKS</u>	@	<u>6.10</u>	<u>42.70</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>226.60</u>	@	<u>2.48</u>	<u>561.92</u>
MILEAGE	<u>9.87 ton x 40 x 2.60</u>			<u>102.60</u>
TOTAL				<u>5038.97</u>

REMARKS:

sketch meeting, rigged up

mixed 210 SKS com 370

displaced with 16 bbl water

shut in

cement did circulate

Thank you

Allied crew

CHARGE TO: Landmark Resources

STREET _____

CITY _____ STATE _____ ZIP _____

As per bid

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 Juan Tinoco

SIGNATURE Juan Tinoco

SERVICE

DEPTH OF JOB	<u>266</u>
PUMP TRUCK CHARGE	<u>1512.35</u>
EXTRA FOOTAGE	@ _____
MILEAGE	<u>MILV 40 @ 4.40</u> <u>176.00</u>
MANIFOLD	<u>5 in edge @</u> <u>360.00</u>
	<u>MILV 40 @ 7.70</u> <u>308.00</u>
	@ _____
TOTAL <u>2356.35</u>	

PLUG & FLOAT EQUIPMENT

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

SALES TAX (If Any) _____

TOTAL CHARGES 8,295.22

DISCOUNT 2,322.66 IF PAID IN 30 DAYS

Bid 5,972.55 Net

BID SHEET



Date	9/29/13
Service Point:	Oakley
Manager	Terry Heinrich
Address	P.O. Box 27 Oakley, KS 67748
Business Phone	785-672-3452
E-mail	terry.heinrich@allied.com
Mobile	785-672-9376

Company	Landmark Resources, Inc.	Prepared For:	Heather Bain	Well Data			
Address	1616 Vos, Suite 600	Title:	Controller	Open Hole	12 1/4	Depth	250
Address	Houston Texas 77057	Business Phone:	713-243-8550			I.D.	12.25
Well Name	Rose, Beeson, Decker	E-mail:	heather@landmarkresources.com			Job Excess	100
Lease	# 1-3, 1-1, 3-9	Mobile Phone:		Casing Size	8 5/8	Depth	250
Field		Prepared By:	Neal Rupp			O.D.	8.6875
County	Scott	Title:	Sales & Field Operations Manag			I.D.	7.825
State	Kansas	Business Phone:	316-260-3368			Casing Weight	24
Section	9	E-mail:	neal.rupp@alliedservices.com			Thread	STC
Township	17S	Mobile Phone:	316-250-7057			Grade	J-55
Range	34W	Rig Contractor	Unknown				
API Number		Rig Name					
Proposal Title:	Surface Casing	Rig Phone					

	Units	UOM	Cost per Unit	Total	Unit Net	Net
CJMN - Casing Pump Charge 0 to 300'	1.00	(for 6 hours)	\$1,512.25	\$ 1,512.25	\$ 1,088.82	\$1,088.82
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
Subtotal				\$ 1,512.25		\$1,088.82
	0.00	Each	POR	\$ -	\$ -	\$0.00
	0.00	Each	POR	\$ -	\$ -	\$0.00
	0.00	Each	POR	\$ -	\$ -	\$0.00
	0.00	Each	POR	\$ -	\$ -	\$0.00
	0.00	Each	POR	\$ -	\$ -	\$0.00
	0.00	Each	\$0.00	\$ -	\$ -	\$0.00
Subtotal				\$ -		\$0.00
CAC - CLASS A COMMON	210.00	per sack	\$17.90	\$ 3,759.00	\$ 12.89	\$2,706.48
CACL - Calcium Chloride	7.00	per sack	\$64.00	\$ 448.00	\$ 46.08	\$322.55
PGEL - Premium Gel (Bentonite)	4.00	per sack	\$23.40	\$ 93.60	\$ 16.85	\$67.39
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
Subtotal				\$ 4,300.60		\$3,096.41
HDLG - Products handling service charge	226.60	per cu. Ft.	\$2.48	\$ 561.97	\$ 1.79	\$404.62
DRYG - Drayage for products	414.00	ton mile	\$2.60	\$ 1,076.40	\$ 1.87	\$775.01
MILV - Light Vehicle Mileage	40.00	per mile	\$4.40	\$ 176.00	\$ 3.17	\$126.72
MILHV - Heavy Vehicle Mileage	40.00	per mile	\$7.70	\$ 308.00	\$ 5.54	\$221.76
Subtotal				\$ 2,122.37		\$1,528.10
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
	0.00	0.00	\$0.00	\$ -	\$ -	\$0.00
Subtotal				\$ -		\$0.00
Totals:				\$ 7,935.22		\$5,713.36
DISCOUNT: Operations			28.0%	(423.43)		
DISCOUNT: Equipment Sales			0.0%	0.00		
DISCOUNT: Products			28.0%	(1,204.17)		
DISCOUNT: Transport			28.0%	(594.26)		
DISCOUNT: OTHER			28.0%	0.00		
			Total	(2,221.86)		

Summary of Changes

Lease Name and Number: Rose 2-3

API/Permit #: 15-171-20995-00-00

Doc ID: 1183151

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Additional Type And Percent Additive		1/4 # Floseal
CasingAdd_Type_PctP DF_3	8% gel 1/4# Floseal	1/4# Floseal
CasingSettingDepthPD F_3	2473	2475
CasingTypeOfCementP DF_3	60/40 Poz	Class A Lite
Cementing Purpose Protect Casing	No	Yes
CementingDepth1_PDF	-	0-694
CementingDepthBase1		694
CementingDepthTop1		0
Multiple Stage Cementing Collar Depth	2472	2475
Number Of Sacks Used for Cementing / Squeezing- Line 1		125

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Depth_2	4710'	
Perf_Material_2	Set CIBP @ 4710'	
Perf_Record_2		Set CIBP @ 4710'
Producing Formation	Marmaton	Marmaton/Altamont
Production - Barrels Oil	100	104
Production - Barrels of Water		3.3
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1182945	../../../../kcc/detail/operatorEditDetail.cfm?docID=1183151
Type Of Cement Used for Cementing / Squeezing - Line 1		60/40 Pozmix Class A

Summary of Attachments

Lease Name and Number: Rose 2-3

API: 15-171-20995-00-00

Doc ID: 1183151

Correction Number: 1

Attachment Name



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1182945
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL 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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____