



Confidentiality Requested:
 Yes No

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 _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ 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: _____
(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: _____

1184276

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Quail Oil & Gas, LC
Well Name	Rowland 1-18
Doc ID	1184276

Tops

Name	Top	Datum
Heebner	1114	+191
Lansing	1435	-130
Swope	1775	-470
Cherokee	2077	-772
Squirrel Sand	2096	-791
Cattlemans Sand	2190	-885
Bartlesville	2288	-983
Mississippi	2432	-1127



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 45200

LOCATION Eureka

FOREMAN Steve Mearl

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-111-20493

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-20-14		Rawland #1-18	18	18S	10E	Lyon
CUSTOMER <u>Quail Oil & Gas, LC</u>			TRUCK #			
MAILING ADDRESS <u>525 Industrial DR.</u>			DRIVER			
CITY <u>Garden City</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>67846</u>			TRUCK #			
			DRIVER			

JOB TYPE Surface c HOLE SIZE 12 1/4 HOLE DEPTH 135 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 117' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10
 DISPLACEMENT 7.4 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8 casing. Break circulation w/ Fresh water. Mix 85 sks Class A Cement w/ 3% Caclz, 2% Gel + 1/4" Flocule pills. Displace w/ 7.4 bbls Fresh water. Shut well in Good Cement Return to surface.
Job Complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	60	MILEAGE	4.20	252.00
11045	85 sks	Class A Cement	15.70	1334.50
1102	240#	Caclz 3%	.78	187.20
1118B	160#	Gel 2%	.22	35.20
1107	20#		2.47	49.40
5407	3.99 Ton	Ton Mileage Bulk Truck	Misc	368.00
			Sub Total	3096.30
			7.15%	SALES TAX
				114.85
			ESTIMATED TOTAL	3211.15

Ravin 3737

AUTHORIZATION Ramon Patten TITLE _____ 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.



CONSULTING GEOLOGIST

Geologist's Report
Drilling Time and Sample Log

OPERATOR Quail Oil & Gas, LC ELEVATION KB 1305'

LEASE Rowland WELL NO. #1-18 DF 1296'

FIELD Willicat API No. 15-111-20493 GL 1296'

LOCATION SW NE SE NW --- 700' FNL & 1475' FWL Measurements Are All From KB

SEC. 18 TWP. 18S RGE. 10E COUNTY Lyon STATE Kansas

CONTRACTOR C & G Drilling #2 SURFACE RECORD 23 # @ 124' w/85 Sks

COMM. 01/21/2014 COMP. 01/24/2014 RTD. 2489' LOG TD 2495'

SAMPLES SAVED FROM 1700' TO 1700' TD PRODUCTION _____

DRILLING TIME REPT FROM 1700' TO 1700' TD

SAMPLES EXAMINED FROM 1700' TO 1700' TD

GEOLOGICAL SUPERVISION FROM 1700' TO 1700' TD

MUD UP _____ TYPE MUD _____ CHEMICAL _____

FORMATION Hebner LOG DATA TOP SAMPLE DATA STRUCT COMB.

Hebner	TOP	LOG	DATA	TOP	SAMPLE	DATA	STRUCT	COMB.
Lansing	1435	-130	-465					
Swope	1775	-470	-1770					
Cherokee	2077	-772	-2075					
Squirrel SD	2096	-791	-2095					
Cattlemans SD	2190	-885	-2178					
Bartsville	2288	-983	-2280					
Mississippian	2432	-1127	-2424					
TD	2495	-1190	-2489					

REFERENCE WELL FOR STRUCTURAL POSITION

GEOLOGIST

Name: **David A. Barker**
Company: **212 N. Market, Suite# 320**
Address: **Wichita, Kansas 67202**
(316) 259-4294, 2 Barker@sbcglobal.net

OPERATOR

Company: **Quail Oil & Gas, LC**
Address: **525 Industrial Dr.**
P.O. Box K
Garden City, KS

Remarks

Due to the lack of reservoir development and oil and gas shows in the target zones, the well was plugged and abandoned.

Contractor

C & G Drilling, INC.
701 E. River ST
Eureka, KS
67045

ACCESSORIES

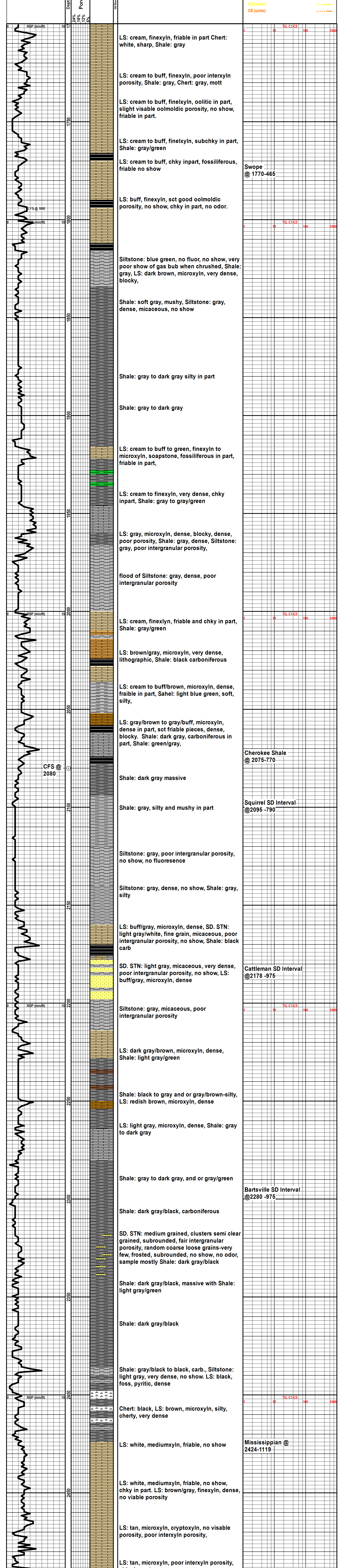
<input type="checkbox"/> Ferrpel	<input type="checkbox"/> Sand	<input type="checkbox"/> Lms
<input type="checkbox"/> Ferr	<input type="checkbox"/> Sity	<input type="checkbox"/> Sandylms
<input type="checkbox"/> Glau	<input type="checkbox"/> Gyp	<input type="checkbox"/> Sh
<input type="checkbox"/> Hymmin	<input type="checkbox"/> Anhy	<input type="checkbox"/> Siltstn
<input type="checkbox"/> Kaol	<input type="checkbox"/> Arg	<input type="checkbox"/> Boundst
<input type="checkbox"/> Mari	<input type="checkbox"/> Bent	<input type="checkbox"/> Chalky
<input type="checkbox"/> Minxl	<input type="checkbox"/> Coal	<input type="checkbox"/> Cryxln
<input type="checkbox"/> Nodule	<input type="checkbox"/> Dol	<input type="checkbox"/> Earthy
<input type="checkbox"/> Phos	<input type="checkbox"/> Gyp	<input type="checkbox"/> Finexln
<input type="checkbox"/> Pyr	<input type="checkbox"/> Ls	<input type="checkbox"/> Grainst
<input type="checkbox"/> Salt	<input type="checkbox"/> Mrst	<input type="checkbox"/> Lithogr
<input type="checkbox"/> Sandy	<input type="checkbox"/> Sltstrg	<input type="checkbox"/> Microxln
<input type="checkbox"/> Silt	<input type="checkbox"/> Ssstrg	<input type="checkbox"/> Mudst
<input type="checkbox"/> Sil	<input type="checkbox"/> Carbsh	<input type="checkbox"/> Packst
<input type="checkbox"/> Sulphur	<input type="checkbox"/> Clystn	<input type="checkbox"/> Wackest
<input type="checkbox"/> Tuff	<input type="checkbox"/> Dol	
<input type="checkbox"/> Chlorite	<input type="checkbox"/> Grysh	
<input type="checkbox"/> Dol	<input type="checkbox"/> Gryslt	

OTHER SYMBOLS

<input type="checkbox"/> Carb shale	<input type="checkbox"/> Brown lmst	<input type="checkbox"/> ROUNDED
<input type="checkbox"/> Gray shale	<input type="checkbox"/> Brown shale	<input type="checkbox"/> Rounded
<input type="checkbox"/> Sandy lmst	<input type="checkbox"/> Brown dol	<input type="checkbox"/> Subrnd
<input type="checkbox"/> Shale	<input type="checkbox"/> Brown cream	<input type="checkbox"/> Subang
<input type="checkbox"/> Silt stn	<input type="checkbox"/> D. green lmst	<input type="checkbox"/> Angular
<input type="checkbox"/> Shaly silt	<input type="checkbox"/> Light cream lmst	
<input type="checkbox"/> Sity shale	<input type="checkbox"/> Gray cream lmst	<input type="checkbox"/> OIL SHOWS
<input type="checkbox"/> Blank	<input type="checkbox"/> Green dol	<input type="checkbox"/> Even
<input type="checkbox"/> Gray lmst	<input type="checkbox"/> Gray dol	<input type="checkbox"/> Spotted
<input type="checkbox"/> Cream lmst		<input type="checkbox"/> Ques
<input type="checkbox"/> Red shale	<input type="checkbox"/> SORTING	<input type="checkbox"/> Dead
<input type="checkbox"/> Blue-green siltstn	<input type="checkbox"/> Well	<input type="checkbox"/> Gas show
<input type="checkbox"/> D. green shale	<input type="checkbox"/> Moderate	
<input type="checkbox"/> Green shale	<input type="checkbox"/> Poor	

ROCK TYPES

<input type="checkbox"/> Anhy	<input type="checkbox"/> Carb shale	<input type="checkbox"/> Sity shale	<input type="checkbox"/> D. green shale	<input type="checkbox"/> D. green lmst
<input type="checkbox"/> Cht	<input type="checkbox"/> Gray shale	<input type="checkbox"/> Blank	<input type="checkbox"/> Green shale	<input type="checkbox"/> Light cream lmst
<input type="checkbox"/> Congl	<input type="checkbox"/> Sandy lmst	<input type="checkbox"/> Gray lmst	<input type="checkbox"/> Brown lmst	<input type="checkbox"/> Gray cream lmst
<input type="checkbox"/> Shale	<input type="checkbox"/> Shale	<input type="checkbox"/> Cream lmst	<input type="checkbox"/> Brown shale	<input type="checkbox"/> Green dol
<input type="checkbox"/> Shgy	<input type="checkbox"/> Silt stn	<input type="checkbox"/> Red shale	<input type="checkbox"/> Brown dol	<input type="checkbox"/> Gray dol
<input type="checkbox"/> Ss	<input type="checkbox"/> Shaly silt	<input type="checkbox"/> Blue-green siltstn	<input type="checkbox"/> Brown cream	



810 E 7TH
PO Box 92
EUREKA, KS 67045
(620) 583-5561



Cementing & Acidizing of Kansas, LLC



Cement or Acid Field Report	
Ticket No.	1052
Foreman	<i>Kevin McCoy</i>
Camp	<i>EUREKA</i>

API *15-111-20493

Date	Customer ID #	Lease & Well Number	Section	Township	Range	County	State
1/24/14	1016	Rowland # 1-18	18	18S	10E	Lyon	Ks
Customer			Unit #	Driver	Unit #	Driver	
Quail Oil & Gas			102	Shannon F.			
Mailing Address			110	Rudy M.			
525 Industrial Dr. P.O. Box K							
City	State	Zip Code					
Garden City	Ks	67846					

Job Type *P.T.A. New Well* Hole Depth *2489* Slurry Vol. _____ Tubing _____
 Casing Depth _____ Hole Size *7 7/8"* Slurry Wt. *13.9"* Drill Pipe *4 1/2*
 Casing Size & Wt. _____ Cement Left in Casing _____ Water Gal/SK *6.7* Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: *Safety Meeting: Rig up to 4 1/2 Drill pipe, Spot Cement Plugs as Following.*

- 15 SKS @ 2489'*
- 15 SKS @ 1425'*
- 40 SKS 115' to SURFACE*
- 25 SKS R H*
- 20 SKS M H*

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 103	1	Pump Charge	1050.00	1050.00
C 107	60	Mileage	3.95	237.00
C 203	115 SKS	60/40 Pozmix Cement	12.75	1466.25
C 206	400 *	Gel 4%	.20	80.00
C 108 B	4.95 Tons	Ton Mileage 60 miles	1.35	400.95
COMPLETED				
<i>THANK You</i>				
			Sub Total	3234.20
			Sales Tax <i>7.15%</i>	110.56
Authorization <i>Witnessed By Duke Coulter</i> Title <i>C&G Toolpusher</i>			Total	3344.76

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.