

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 |
|--|---|

| 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> _____ | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|

LITHOLOGY STRIP LOG

WellSight Systems

Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: T-Nelson #1-33
Location: SE-SW-NE-SW/4 Section 33 T14S-R31W
License Number: API: 15-063-22125-00-00
Spud Date: Aug. 17, 2013
Surface Coordinates: 1520' FSL & 1725' FWL Section 33 T14S-R31W
Region: Gove County, KS
Drilling Completed: Aug 26, 2013

Bottom Hole Coordinates:

Ground Elevation (ft): 2623' K.B. Elevation (ft): 2632'
Logged Interval (ft): 3400 To: TD Total Depth (ft): 4390'
Formation: Topeka to Miss
Type of Drilling Fluid: Chemical mud Displaced at 3200'

Printed by WellSight Log Viewer from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: Pelican Hill Oil & Gas
Address: 1401 E. El Camino Real Suite 207
San Clemente, CA 92672+5932

GEOLOGIST


Name: Roger L. Fisher
Company: 2610 W. Rio Vista St.
Address: Wichita Kansas, 67204

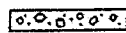
COMMENTS


Integrity Drilling Co. Rig #7
Surface Casing: 266' of 8 5/8"
Production Casing: 2200' of 5 1/2"
Deviation Surveys:
4385 1 degree
Pipe Strap @
4385 Strap was 2.45 long to Board
Mud System: Mud Co
DSTs: Trilobite Testing Inc.
OH Logs: ELI Wireline; DILL, CDL/CNL, Micro, Sonic, Frac Finder

Pipe was run to Cedar Hills for a SWD

ROCK TYPES

 Anhv

 Concl

 Lmst

 Black sh

DCT

261477

TICKET NUMBER 38059
LOCATION OAKLEY KS.
FOREMAN KELLY GASH
DAMON Mc TRAINING

FIELD TICKET & TREATMENT REPORT
CEMENT

| | | | | | | |
|--------------|-----------------|--------------------|---------|----------|----------|--------|
| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
| 8-17-13 | 6352 | T-NELSON 1-33 | 33 | 14 | 31 | GOVE |
| CUSTOMER | MAILING ADDRESS | | CITY | STATE | ZIP CODE | |
| Pelican Hill | | | OAKLEY | KS | | |
| | | | JAWHAWK | | | |
| | | | RE TO | | | |
| | | | DEADEND | | | |
| | | | S WIND | | | |

| | | | |
|---------------|------------------|--------------|-----------------------|
| JOB TYPE | HOLE SIZE | HOLE DEPTH | CASING SIZE & WEIGHT |
| SURFACE | 12 1/4 | 268 | 8 7/8 24' |
| CASING DEPTH | DRILL PIPE | TUBING | OTHER |
| 268 | | | |
| SLURRY WEIGHT | SLURRY VOL | WATER gal/sk | CEMENT LEFT In CASING |
| 14.8 | | | 20' |
| DISPLACEMENT | DISPLACEMENT PSI | MIX PSI | RATE |
| 15 3/4 | | | |

REMARKS: Safety meeting RIG UP ON INDEBRATEY HOOKED UP TO CIRCULAR MIXED 190 SKS COMMON 370 CC 290 GEL DISPLACED 15 3/4 BAR OF WATER SHUT IE IN WASHED UP PUMP AND LINES THEN RIGGED DOWN.

CEMENT DID CIRCULATE 6 BAR

Thank you DAMON KELLY & CREW

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|------------|
| 54015 | 1 | PUMP CHARGE | 1,150 | 1,150.00 ✓ |
| 5406 | 15 | MILEAGE | 5.25 | 78.75 ✓ |
| 5407 | 8.93 | TON MILEAGE | 1.75 | 470.00 ✓ |
| 11045 | 190 | COMMON CLASS A | 18.55 | 3524.50 ✓ |
| 1102 | 536# | CALCIUM CHLORIDE | 1.94 | 503.84 ✓ |
| 11188 | 357# | BETONITE | 1.27 | 96.39 ✓ |
| | | Sub Total | | 5783.49 ✓ |
| | | Less 10% | | 578.35 ✓ |
| | | | | 5205.13 ✓ |
| | | SALES TAX | | 293.26 ✓ |
| | | ESTIMATED TOTAL | | 5498.39 ✓ |

Revis 3737
AUTHORIZATION Todd E. Munn

TITLE Tool Pasher

DATE 8-17-13

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.

COMP

261725

TICKET NUMBER 38044
LOCATION Oakley MS
FOREMAN Fuzzy McCullich
US

Manhattan, KS 66720
210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

| | | | | | | |
|----------|------------------------|--------------------|---------|----------|---------|--------|
| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
| 8-26-03 | 6352 | T Nelson 1-33 | 33 | 145 | 314 | Gove |
| CUSTOMER | Mailing Address | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| | Pelican hill oil & gas | | 530718 | Jordan L | | |
| CITY | STATE | ZIP CODE | 529-729 | Daniel D | | |
| | | | 5160 | Mike P | | |

JOB TYPE long string HOLE SIZE 7 1/2 HOLE DEPTH 2106.45 CASING SIZE & WEIGHT 5 1/2" 55#
 CASING DEPTH 2106.45 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 11.7/152 SLURRY VOL 2.1/1.18 WATER gal/sk _____ CEMENT LEFT in CASING 42.14
 DISPLACEMENT 50 3/4 bbls DISPLACEMENT PSI 400 MIX PSI 1100 RATE _____

REMARKS: Safety meetings and rig up on Integrity #7 float equipment
 Centralizer on Juts # 5, 6, 7, 8, 9, 10 Pump casing to bottom Circulate for
 Pump 5 bbls water mix 395 sls 6040 to 140 ft down casing failed in unit
 75 sls Class A Cement Shut down cleared pump & lines (class A plug displaced
 50 3/4 bbls water with 600 psi lift plus did land and held @ 1100 psi
 Mix 30 sls RH

Thanks Mist Crew

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|-------------------|----------|
| | | | 1785.00 | 1785.00 |
| 5401C | 1 | PUMP CHARGE | 5.25 | 5.25 |
| 5406 | 25 | MILEAGE | 1.75 | 43.75 |
| 5407A | 21.8 tons | Pen Mitigase delivery | 18.55 | 404.39 |
| 11045 | 755 sls | Class A Cement | 15.86 | 11974.50 |
| 1131 | 425 sls | 6040 mix | 60.00 | 25500.00 |
| 4130 | 6 | 5 1/2" Centralizers | 483.75 | 2902.50 |
| 4159 | 1 | 5 1/2" Float Shoe AFU | 318.25 | 318.25 |
| 4454 | 1 | 5 1/2" latch down Plug | | |
| | | | Subtotal | 12119.75 |
| | | | less 10% discount | 1211.98 |
| | | | Subtotal | 10907.77 |
| | | | SALES TAX | 657.66 |
| | | | ESTIMATED TOTAL | 11565.43 |

Completed

AUTHORIZATION [Signature] 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.

Summary of Changes

Lease Name and Number: T-NELSON 1-33

API/Permit #: 15-063-22125-00-00

Doc ID: 1195894

Correction Number: 1

Approved By: Deanna Garrison

| Field Name | Previous Value | New Value |
|------------------|---|---|
| Approved Date | 01/28/2014 | 03/26/2014 |
| LocationInfoLink | https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=33&t.../kcc/detail/operatorEditDetail.cfm?docID=1184779 | https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=33&t.../kcc/detail/operatorEditDetail.cfm?docID=1195894 |
| Save Link | | |

Summary of Attachments

Lease Name and Number: T-NELSON 1-33

API: 15-063-22125-00-00

Doc ID: 1195894

Correction Number: 1

Attachment Name

T-Nelson #1-33