

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1239121
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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

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 |
|-----------------------------------|-----------------|---|

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: _____

1239121

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: _____ _____ |
|--|--|---|

| | |
|-----------|---|
| Form | ACO1 - Well Completion |
| Operator | Larson Engineering, Inc. dba Larson Operating Company |
| Well Name | James' Children's Trust 1-9 |
| Doc ID | 1239121 |

Tops

| Name | Top | Datum |
|----------------|------|-------|
| Anhydrite | 2047 | +580 |
| Base Anhydrite | 2079 | +548 |
| Heebner Sh | 3795 | -1168 |
| Lansing | 3834 | -1207 |
| Stark Sh | 4074 | -1447 |
| Base KC | 4154 | -1527 |
| Pawnee | 4263 | -1636 |
| Ft. Scott | 4336 | -1709 |
| Mississippi | 4437 | -1810 |



858

TICKET NUMBER 47798 ¹⁷¹⁴₁₇₈₇
 LOCATION Oakley, Ks.
 FOREMAN Damen

INVOICE # 802025

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

FIELD TICKET & TREATMENT REPORT
 CEMENT K.

| | | | | | | | |
|-----------------|------------|-------------------------|---------|----------|--------|---------|--------|
| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY | |
| 11/7/14 | 4802 | James Childers Trust F9 | 9 | 16 | 28 | Lane | |
| CUSTOMER | | Shields | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| MAILING ADDRESS | | Laredo, Ks | | 731 | Cory | | |
| CITY | | 1/2 E 1N | | 693 | Robert | | |
| STATE | | Winto | | | | | |
| ZIP CODE | | | | | | | |

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 259 CASING SIZE & WEIGHT 8 3/8 24"
 CASING DEPTH 257.28 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.3 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 15.11 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting Rig up on HD #3 Run casing Break Circulation on Rig Pump
hook up to Pump truck mix 165 sks Cem 3%GCC 2% Gel Washup pump & lines
Displace with 15.11 bbl water Shut in
Cement Did Circulate.

Approx 2 bbl To pit

Thanks Damen & Crew

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|-----------------|-----------|
| 54015 | 1 | PUMP CHARGE | \$1150.00 | \$1150.00 |
| 5406 | 50 | MILEAGE | \$5.25 | \$262.50 |
| 5407A | 7.76 | Ton Mileage Delivery | \$1.75 | \$679.00 |
| 11045 | 165 sks | Class "A" Cement | \$18.55 | \$3060.75 |
| 1102 | 465 # | Calcium Chloride | \$0.94 | \$437.10 |
| 1118B | 310 # | Bentonite | \$0.27 | \$83.70 |
| | | | | |
| | | | Sub Total | \$5673.05 |
| | | | Less 10% | \$567.30 |
| | | | Sub Total | \$5105.75 |
| | | | | |
| | | | SALES TAX | \$230.47 |
| | | | ESTIMATED TOTAL | \$5336.22 |

RAVIN 3737 AUTHORIZATION Polyne Terry TITLE Pusher 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.



CHARGE TO: **LARSON ENGINEERING**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET 26947

| | | | | | | | |
|--|--|---------------------------------------|---|--------------------------|--|-------------------------|----------------------|
| SERVICE LOCATIONS 1. NESS CITY, KS | WELL/PROJECT NO. 1-9 | LEASE JAMES CHILDRESS TRUST | COUNTY/PARISH LANE | STATE Ks | CITY | DATE 11-17-14 | OWNER SAME |
| 2. | TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES | CONTRACTOR H-D DATING | RIG NAME/NO. | SHIPPED VIA CT | DELIVERED TO LOCATED | ORDER NO. | |
| 3. | WELL TYPE OTZ | WELL CATEGORY DEVELOPMENT | JOB PURPOSE 5 1/2" LONGSTRING | WELL PERMIT NO. | WELL LOCATION NE/SHELDON, KS | | |
| 4. REFERRAL LOCATION | INVOICE INSTRUCTIONS | | | | | | |

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | DESCRIPTION | QTY. | | UM | | UNIT PRICE | AMOUNT |
|-----------------|-------------------------------------|------------|------|----|----------------------|------|--|-----|---------|------------|---------|
| | | LOC | ACCT | DF | | | | | | | |
| 575 | | 1 | | | MILEAGE # 112 | 50 | | ME | | 6.00 | 300.00 |
| 578 | | 1 | | | PUMP CHARGE | 1 | | JOB | 4497.15 | 1500.00 | 1500.00 |
| 221 | | 1 | | | LITATED KOL | 2 | | GM | | 25.00 | 50.00 |
| 280 | | 1 | | | FLOCHECK-21 | 500 | | GM | | 3.00 | 1500.00 |
| 419 | | 1 | | | ROTATING HEAD RENTAL | 1 | | JOB | | 200.00 | 200.00 |

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X
 DATE SIGNED **11-17-14** TIME SIGNED **1700** P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

| SURVEY | AGREE | UN-DECIDED | DIS-AGREE | PAGE TOTAL | |
|--|--|------------|-----------|------------|---------|
| OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? | | | | #1 | 3550.00 |
| WE UNDERSTOOD AND MET YOUR NEEDS? | | | | #2 | 5716.13 |
| OUR SERVICE WAS PERFORMED WITHOUT DELAY? | | | | Subtotal | 9266.13 |
| WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? | | | | TAX | 480.48 |
| ARE YOU SATISFIED WITH OUR SERVICE? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | Lane 7.15% | |
| <input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND | | | | TOTAL | 9746.61 |

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR **WAVE WILSON**

APPROVAL **Bryan Lawson**

Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 26947

CUSTOMER: LARSON ENGINEERING
WELL: JAMES CHRISTOPHER
DATE: 11-17-14
PAGE 2 OF 2

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | TIME | DESCRIPTION | QTY | | U/M | | UNIT PRICE | AMOUNT | |
|-----------------|-------------------------------------|------------|------|----|------|----------------|------|------|-----|--------------|------------|---------|--------|
| | | LOC | ACCT | DF | | | QTY | U/M | QTY | U/M | | | |
| 325 | | 1 | | | | STANDARD CONGR | EA-2 | 155 | SYS | | 14.50 | 2247.50 | |
| 276 | | 1 | | | | FLOCFE | | 25 | lbs | | 2.50 | 62.50 | |
| 277 | | 1 | | | | GILSONITE | | 1100 | lbs | | .75 | 825.00 | |
| 283 | | 1 | | | | SALT | | 900 | lbs | | .20 | 180.00 | |
| 284 | | 1 | | | | CAVSEAL | | 7 | SYS | 700 lbs | 35.00 | 245.00 | |
| 292 | | 1 | | | | HALAD 322 | | 150 | lbs | | 8.00 | 1200.00 | |
| 290 | | 1 | | | | D-APP | | 5 | GAL | | 42.00 | 210.00 | |
| 581 | | 1 | | | | SERVICE CHARGE | | | | CUBIC FEET | 155 | 2.00 | 310.00 |
| 583 | | 1 | | | | MILEAGE CHARGE | | | | TOTAL WEIGHT | 17445 | | |
| | | | | | | | | | | LOADED MILES | 50 | | |
| | | | | | | | | | | TON MILES | 436.13 | 1.00 | 436.13 |

CONTINUATION TOTAL 5716.13

JOB LOG

SWIFT Services, Inc.

DATE 11-17-14 PAGE NO. 1

CUSTOMER LARSON ENGINEERING WELL NO. 1-9 LEASE JAMES GREENBERG TRUST JOB TYPE 5/2" LONGSTRING TICKET NO. 26947

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|------|------------|--------------------|-------|---|----------------|--------|--|
| | | | | T | C | TUBING | CASING | |
| | 1700 | | | | | | | ON LOCATION |
| | | | | | | | | TD- 4498 SET = 4497 TP- 4497 5/2" 15.5 ST- 40' PORT COLLAR = 2011 |
| | 1645 | | | | | | | DROP BALL - CALCULATE ROTATE |
| | 1745 | 6 | 15 | | ✓ | | 400 | PUMP 15 BBLs KCL-FLUSH |
| | 1748 | 6 | 12 | | ✓ | | 400 | PUMP 500 GAL FLOCHECK-21 |
| | 1750 | 6 | 5 | | ✓ | | 400 | PUMP 5 BBLs KCL-FLUSH |
| | 1755 | | 7 | | | | | PLUG RH (30 SKS) |
| | 1800 | 4 | 31 | | ✓ | | 200 | MAX COMST- 125 SKS EA-2 = 15.2 PPG |
| | 1810 | | | | | | | WASH OUT PUMP - LINES |
| | 1810 | | | | | | | RELEASE LATCH DOWN PLUG |
| | 1812 | 7 | 0 | | ✓ | | 0 | DISPLACE PLUG |
| | | 7 | 105 | | | | 800 | |
| | 1830 | 6 | 106.1 | | | | 1500 | PLUG DOWN - PSE UP LATCH IN PLUG |
| | 1835 | | | | | | OK | RELEASE PSE - HELD |
| | | | | | | | | WASH TRUCK |
| | 1930 | | | | | | | JOB COMPLETE |
| | | | | | | | | THANK YOU WAYNE, JOHN J., CRAIG |



CHARGE TO: **LARSON ENGINEERING**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET 28058

SERVICE LOCATIONS: 1. **NESS CITY, KS** WELL/PROJECT NO. **#1-9** LEASE **JAMES CHILDRENS TRUST** COUNTY/RANGE **LANE** STATE **KS** CITY **SHIELDS, KS** DATE **24 Nov 14** OWNER
 2. TICKET TYPE SERVICE SALES CONTRACTOR **WILD WEST WELL SERV** RIG NAME/NO. SHIPPED VIA DELIVERED TO ORDER NO.
 3. WELL TYPE **OIL** WELL CATEGORY **DEVELOPMENT** JOB PURPOSE **CEMENT PORT COLLAR** WELL PERMIT NO. WELL LOCATION **4N 13E, 1N, W/STJTO**
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | DESCRIPTION | QTY. | | UNIT PRICE | | AMOUNT |
|-----------------|-------------------------------------|------------|------|----|-----------------------|-------|-----|------------|----|---------|
| | | LOC | ACCT | DF | | | UM | | UM | |
| 575 | | | | | MILEAGE #115 | 50 | mi | 6.00 | | 300.00 |
| 576D | | | | | Pump CHARGE | | | 1500.00 | | 1500.00 |
| 276 | | | | | FLOCELE | 50 | lbs | 2.50 | | 125.00 |
| 290 | | | | | D-AIR | 2 | gal | 42.00 | | 84.00 |
| 330 | | | | | SMD CEMENT | 190 | bx | 18.50 | | 3515.00 |
| 581 | | | | | CEMENT SERVICE CHARGE | 235 | sq | 2.00 | | 470.00 |
| 583 | | | | | DRAYAGE | 23350 | lbs | 1.00 | | 583.75 |

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS
 X
 DATE SIGNED **24 Nov 14** TIME SIGNED **1445** A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

| SURVEY | AGREE | UN-DECIDED | DIS-AGREE | PAGE TOTAL | AMOUNT |
|---|-------|------------|-----------|----------------|---------|
| OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? | | | | 6577 | 75 |
| WE UNDERSTOOD AND MET YOUR NEEDS? | | | | | |
| OUR SERVICE WAS PERFORMED WITHOUT DELAY? | | | | | |
| WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? | | | | Lane TAX 7.15% | 266 27 |
| ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | TOTAL | 6844 02 |

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR *[Signature]* APPROVAL *[Signature]* Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 24 Nov 14 PAGE NO.

CUSTOMER
LARSON ENGINEERING

WELL NO. #1-9

LEASE
JAMES CHILDRENS TRUST

JOB TYPE
CEMENT PORT COLLAR

TICKET NO. 28058

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|------|------------|--------------------|-------|---|----------------|--------|--|
| | | | | T | C | TUBING | CASING | |
| | 1245 | | | | | | | ON LOCATION |
| | | | | | | | | PORT COLLAR @ 2011 |
| | 1327 | | | | | ✓ | 1000 | TEST-HELD |
| | 1332 | | | | | | | OPEN PORT COLLAR |
| | 1334 | 4 | 105 | ✓ | | | 500 | MIX 190 SX SMD |
| | | 3 | 7 | ✓ | | | 400 | DISPLACE CEMENT |
| | | | | | | | | CIRCULATE 20 SX TO PIT |
| | 1403 | | | | | ✓ | 1000 | CLOSE PORT COLLAR-TEST-HELD |
| | | | | | | | | RUN 10 JTS. |
| | 1413 | 4 | 24 | | | ✓ | 300 | REVERSE CLEAN. |
| | 1420 | | | | | | | WASH TRUCK |
| | 1445 | | | | | | | JOB COMPLETE. |
| | | | | | | | | THANKS \$115 |
| | | | | | | | | JASON DAVE CRAIG |



CHARGE TO: **LARSON ENGINEERING**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET 26947

| | | | | | | | |
|--|--|---------------------------------------|---|--------------------------|--|-------------------------|----------------------|
| SERVICE LOCATIONS 1. NESS CITY, KS | WELL/PROJECT NO. 1-9 | LEASE JAMES CHILDRESS TRUST | COUNTY/PARISH LANE | STATE Ks | CITY | DATE 11-17-14 | OWNER SAME |
| 2. | TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES | CONTRACTOR H-D DATING | RIG NAME/NO. | SHIPPED VIA CT | DELIVERED TO LOCATED | ORDER NO. | |
| 3. | WELL TYPE OTZ | WELL CATEGORY DEVELOPMENT | JOB PURPOSE 5 1/2" LONGSTRONG | WELL PERMIT NO. | WELL LOCATION NE/SHELDON, KS | | |
| 4. REFERRAL LOCATION | INVOICE INSTRUCTIONS | | | | | | |

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | DESCRIPTION | QTY. | | UM | | UNIT PRICE | AMOUNT |
|-----------------|-------------------------------------|------------|------|----|----------------------|------|--|-----|---------|------------|---------|
| | | LOC | ACCT | DF | | | | | | | |
| 575 | | 1 | | | MILEAGE # 112 | 50 | | ME | | 6.00 | 300.00 |
| 578 | | 1 | | | PUMP CHARGE | 1 | | JOB | 4497.15 | 1500.00 | 1500.00 |
| 221 | | 1 | | | LITATED KOL | 2 | | GM | | 25.00 | 50.00 |
| 280 | | 1 | | | FLOCHECK-21 | 500 | | GM | | 3.00 | 1500.00 |
| 419 | | 1 | | | ROTATING HEAD RENTAL | 1 | | JOB | | 200.00 | 200.00 |

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 DATE SIGNED **11-17-14** TIME SIGNED **1700** P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

| SURVEY | AGREE | UN-DECIDED | DIS-AGREE | PAGE TOTAL | |
|--|--|------------|-----------|------------|---------|
| OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? | | | | #1 | 3550.00 |
| WE UNDERSTOOD AND MET YOUR NEEDS? | | | | #2 | 5716.13 |
| OUR SERVICE WAS PERFORMED WITHOUT DELAY? | | | | Subtotal | 9266.13 |
| WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? | | | | TAX | 480.48 |
| ARE YOU SATISFIED WITH OUR SERVICE? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | Lane 7.15% | |
| <input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND | | | | TOTAL | 9746.61 |

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR **WAVE WILSON**

APPROVAL **Bryan Lawson**

Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 26947

CUSTOMER: LARSON ENGINEERING
WELL: JAMES CHRISTOPHER
DATE: 11-17-14
PAGE 2 OF 2

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | TIME | DESCRIPTION | QTY | | U/M | | UNIT PRICE | AMOUNT | |
|-----------------|-------------------------------------|------------|------|----|------|----------------|------|------|-----|--------------|------------|---------|--------|
| | | LOC | ACCT | DF | | | QTY | U/M | QTY | U/M | | | |
| 325 | | 1 | | | | STANDARD CONGR | EA-2 | 155 | SYS | | 14.50 | 2247.50 | |
| 276 | | 1 | | | | FLOCFE | | 25 | lbs | | 2.50 | 62.50 | |
| 277 | | 1 | | | | GILSONITE | | 1100 | lbs | | .75 | 825.00 | |
| 283 | | 1 | | | | SALT | | 900 | lbs | | .20 | 180.00 | |
| 284 | | 1 | | | | CAVSEAL | | 7 | SYS | 700 lbs | 35.00 | 245.00 | |
| 292 | | 1 | | | | HALAD 322 | | 150 | lbs | | 8.00 | 1200.00 | |
| 290 | | 1 | | | | D-APP | | 5 | GAL | | 42.00 | 210.00 | |
| 581 | | 1 | | | | SERVICE CHARGE | | | | CUBIC FEET | 155 | 2.00 | 310.00 |
| 583 | | 1 | | | | MILEAGE CHARGE | | | | TOTAL WEIGHT | 17445 | | |
| | | | | | | | | | | LOADED MILES | 50 | | |
| | | | | | | | | | | TON MILES | 436.13 | 1.00 | 436.13 |

CONTINUATION TOTAL 5716.13

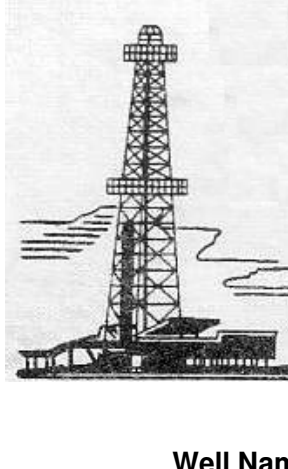
JOB LOG

SWIFT Services, Inc.

DATE 11-17-14 PAGE NO. 1

CUSTOMER LARSON ENGINEERING WELL NO. 1-9 LEASE JAMES GREENBERG TRUST JOB TYPE 5/2" LONGSTRING TICKET NO. 26947

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|------|------------|--------------------|-------|---|----------------|--------|--|
| | | | | T | C | TUBING | CASING | |
| | 1700 | | | | | | | ON LOCATION |
| | | | | | | | | TD- 4498 SET = 4497 TP- 4497 5/2" 15.5 ST- 40' PORT GUAR = 2011 |
| | 1645 | | | | | | | DROP BALL - CALCULATE ROTATE |
| | 1745 | 6 | 15 | | ✓ | | 400 | PUMP 15 BBLs KCL-FLUSH |
| | 1748 | 6 | 12 | | ✓ | | 400 | PUMP 500 GAL FLOCHECK-21 |
| | 1750 | 6 | 5 | | ✓ | | 400 | PUMP 5 BBLs KCL-FLUSH |
| | 1755 | | 7 | | | | | PLUG RH (30SKS) |
| | 1800 | 4 | 31 | | ✓ | | 200 | MAX COMST- 125 SKS EA-2 = 15.2 PP6 |
| | 1810 | | | | | | | WASH OUT PUMP - LINES |
| | 1810 | | | | | | | RELEASE LATCH DOWN PLUG |
| | 1812 | 7 | 0 | | ✓ | | 0 | DISPLACE PLUG |
| | | 7 | 105 | | | | 800 | |
| | 1830 | 6 | 106.1 | | | | 1500 | PLUG DOWN - PSE UP LATCH IN PLUG |
| | 1835 | | | | | | OK | RELEASE PSE - HELD |
| | | | | | | | | WASH TRUCK |
| | 1930 | | | | | | | JOB COMPLETE |
| | | | | | | | | THANK YOU WAYNE, JOHN J., CRAIG |



WELLSITE GEOLOGIST'S REPORT

VERNON C. SCHRAG
CONSULTANT GEOLOGIST



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

Well Name: JAMES CHILDREN'S TRUST #1-9
Location: SE NE NE NW OF SEC. 09-16S-28W
Licence Number: API: 15-101-22541 Region: Lane Co., KS
Spud Date: November 06, 2014 Drilling Completed: November 17, 2014
Surface Coordinates: 595' FNL & 2565' FWL

Bottom Hole Coordinates:
Ground Elevation (ft): 2618' K.B. Elevation (ft): 2627'
Logged Interval (ft): 3800' To: RTD Total Depth (ft): 4500'
Formation: Mississippi
Type of Drilling Fluid: Chemical Premix (Displaced)
Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR:

Company: Larson Engineering Inc.
Address: 562 West State Road 4
Olmits, KS 67564-8561

DRILLING CONTRACTOR:

H. D. Drilling, LLC, Rig #3 (Co. Tools)

DP 4.5" XH (16.6#); DC 6-1/4" x 2-3/8" x 556', Kelly 40.30', Tool Joint 5.5" ; Bit: JZ-HA20Q, 7-7/8", standard jets 15-15-15; rpm 80, WOB 35k; Kelly Bushing 9' above ground level; LeWayne "Lew" Tresner (tool pusher).

CASING:

Set 8-5/8" casing at 257'

CIRCULATION SYSTEM:

Continental EMSCO D-300, duplex, 6 x 14, 60-62 spm, Chemical, premix, earth pits, Morgan Mud, Inc., Cade Lines, David Lines.

OPEN HOLE LOGS:

DN, DI (SP) (Run-1); ML (Run-2); No Sonic; 5" detail LTD-3600; 2" DI to surface casing; LogTech-Pioneer Wireline, Hays, KS, Chris Desaire, Log total depth (4498') was two feet short to rotary total depth (4500').

DRILL STEM TEST #1:

LKC (E-zone): Interval: 3910-3935 (25'); Blow: weak incr 2" IFP, surf RB, weak incr 6" FFP, surf RB; Times: 5-15-30-60; Recovery: 140' TF; Grindouts: 5' CGO (10%G, 90%O, grav 40); 135' SOGCWM (5%G, 5%O, 40%W, 50%M, Rw 0.290 at 40 F, chlorides 46k); Pressures: HP: 1910-1886, SIP: 813-806, FP: 23-39, 46-79; BHT: 113 F; Trilobite Testing, Inc., Scott City, KS, Chuck Smith.

DRILL STEM TEST #2:

LKC (I-zone): Interval: 4022-4055 (33'); Blow: weak 1/2" IFP, 1/4" RB, weak surf FFP, no RB; Times: 5-15-30-60; Recovery: 2' SOCM (1%O, 99%M); Pressures: HP: 1999-1964, SIP: 404-836, FP: 18-20, 19-19; BHT: 107 F; Trilobite Testing, Inc., Scott City, KS, Chuck Smith.

DRILL STEM TEST #3:

LKC (K-zone): Interval: 4074-4092 (18'); Blow: BOB 5 min IFP, 3" RB, BOB 6 min FFP, 9" RB; Times: 5-15-30-60; Recovery: 370' GIP, 304' TF; Grindouts: 90' CGO (15%G, 85%O, grav 43), 92' OSWM (45%W, 55%M), 122' OSWM (90%W, 10%M, Rw 0.175 at 36 F, chlorides 95k); Pressures: HP: 1981-1956, SIP: 666-659, FP: 35-75, 89-145; BHT: 122 F; Trilobite Testing, Inc., Scott City, KS, Chuck Smith.

DRILL STEM TEST #4:

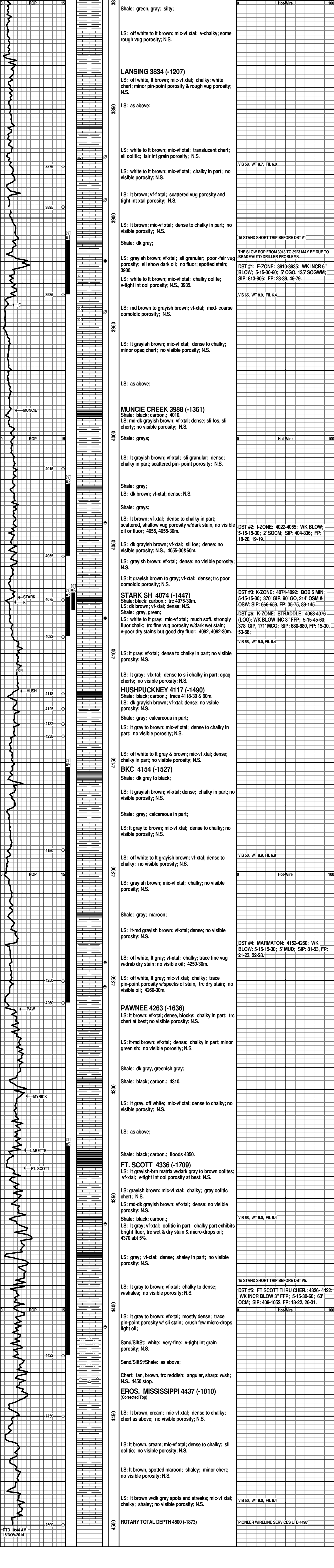
Pleasanton, Marmaton: Interval: 4152-4260 (108'); Blow: weak incr 1/2" IFP, no RB, weak surf FFP, no RB; Times: 5-15-30-60; Recovery: 5' mud (100%M); Pressures: HP: 2038-1968, SIP: 81-53; FP: 21-23, 22-28; BHT: 109 F; Trilobite Testing, Inc., Scott City, KS, Justin Harris.

DRILL STEM TEST #5:

Ft. Scott, Cherokee: Interval: 4326-4422 (96'); Blow: weak incr 1/2" IFP, no RB, weak incr to 3" FFP, no RB; Times: 5-15-30-60; Recovery: 63' GOCM (5%G, 15%O, 80%M); Pressures: HP: 2143-2094, SIP: 409-1052, FP: 18-22, 26-31; BHT: 112 F; Trilobite Testing, Inc., Scott City, KS, Justin Harris.

DRILL STEM TEST #6:

LKC (K-zone): Interval: 4068-4076 (log), 4072-4080 (rotary) (8' anchor, 422' tailpipe); Blow: weak incr 1/2" IFP, no RB, weak incr 3", decr 2" after a few minutes, then steady FFP, no RB; Times: 5-15-45-60; Recovery: 378' GIP, 171' TF; Grindouts: 45' CO (100%O, 33 grav.), 126' GMO (5%G, 55%O, 40%M); Pressures: HP: 2024-1915, SIP: 680-680, FP: 15-30, 53-68; BHT: 117 F; There was possible slight leak at the head joint which may have compromised the blows? Trilobite Testing, Inc., Scott City, KS, Justin Harris.



RTD 10:44 AM
16 NOV 2014

PIONEER WIRELINE SERVICES LTD 4498