

12/04/08

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34027
 Name: CEP Mid-Continent LLC
 Address 1: 15 West Sixth Street, Suite 1400
 Address 2: _____
 City: Tulsa State: OK Zip: 74119 + 5415
 Contact Person: David F. Spitz, Engineering Manager
 Phone: (918) 877-2912, ext. 309
 CONTRACTOR: License # 34126 / 33821 33832
 Name: Smith Oilfield Svcs. (to KOP) / Pense Bros. Drlg. (horizontal portion)
 Wellsite Geologist: Rodney Tate
 Purchaser: CEP Mid-Continent LLC
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other Well drilled but not yet completed
 (Core, WSW, Expl., Cathodic, 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: _____ Plug Back Total Depth _____
 Commingled Docket No.: 08-CONS-186-CHOR
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____
8-4-08 8-14-08
 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

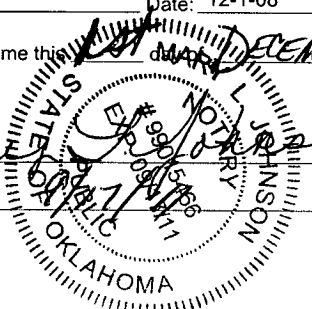
API No. 15 - 125-31708-01-00
 Spot Description: _____
SE SE SW Sec. 32 Twp. 32 S. R. 17 East West
296 Feet from North / South Line of Section
2,020 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Montgomery
 Lease Name: KNISLEY Well #: 32-6
 Field Name: Coffeyville-Cherryvale
 Producing Formation: Riverton
 Elevation: Ground: 804' Kelly Bushing: _____
 Total Depth: 2,543' Plug Back Total Depth: 2,475'
 Amount of Surface Pipe Set and Cemented at: 37 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: 1,400'
 feet depth to: surface w/ 110 sx cmt.

Drilling Fluid Management Plan AH II NCR 3-4-09
 (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 No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: David F. Spitz
 Title: Engineering Manager Date: 12-1-08
 Subscribed and sworn to before me this 12 day of DECEMBER, 2008.
 Notary Public: Mary Jo Johnson
 Date Commission Expires: _____



KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION
DEC 04 2008

Operator Name: CEP Mid-Continent LLC Lease Name: KNISLEY Well #: 32-6
 Sec. 32 Twp. 32 S. R. 17 East West County: Montgomery

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Epithermal Neutron Pel Density, DIR, GR, CBL, CCL, VDL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Oswego</td> <td>164'</td> <td>340'</td> </tr> <tr> <td>Mulky Shale</td> <td>519'</td> <td>285'</td> </tr> <tr> <td>Weir-Pitt</td> <td>772'</td> <td>32'</td> </tr> <tr> <td>Rowe</td> <td>922'</td> <td>-118'</td> </tr> <tr> <td>Riverton</td> <td>978'</td> <td>-174'</td> </tr> <tr> <td>Mississippi Chat</td> <td>989'</td> <td>-185'</td> </tr> </table>	Name	Top	Datum	Oswego	164'	340'	Mulky Shale	519'	285'	Weir-Pitt	772'	32'	Rowe	922'	-118'	Riverton	978'	-174'	Mississippi Chat	989'	-185'
Name	Top	Datum																				
Oswego	164'	340'																				
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Rowe	922'	-118'																				
Riverton	978'	-174'																				
Mississippi Chat	989'	-185'																				

CASING RECORD <input checked="" 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
Surface	11"	8-5/8"	20#	37'	Class "A"	8	Neat
Production	6-3/4"	4-1/2"	10.5#	1,400'	Class "A"	110	10# Gilonite, 10% salt,
Perf. Casing		3-1/2"	9.3#	2,543'			4% gel, .25# Diacel, 1# Metso

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
		RECEIVED	
		KANSAS CORPORATION COMMISSION	
		DEC 04 2008	
		CONSERVATION DIVISION	
		WICHITA, KS	

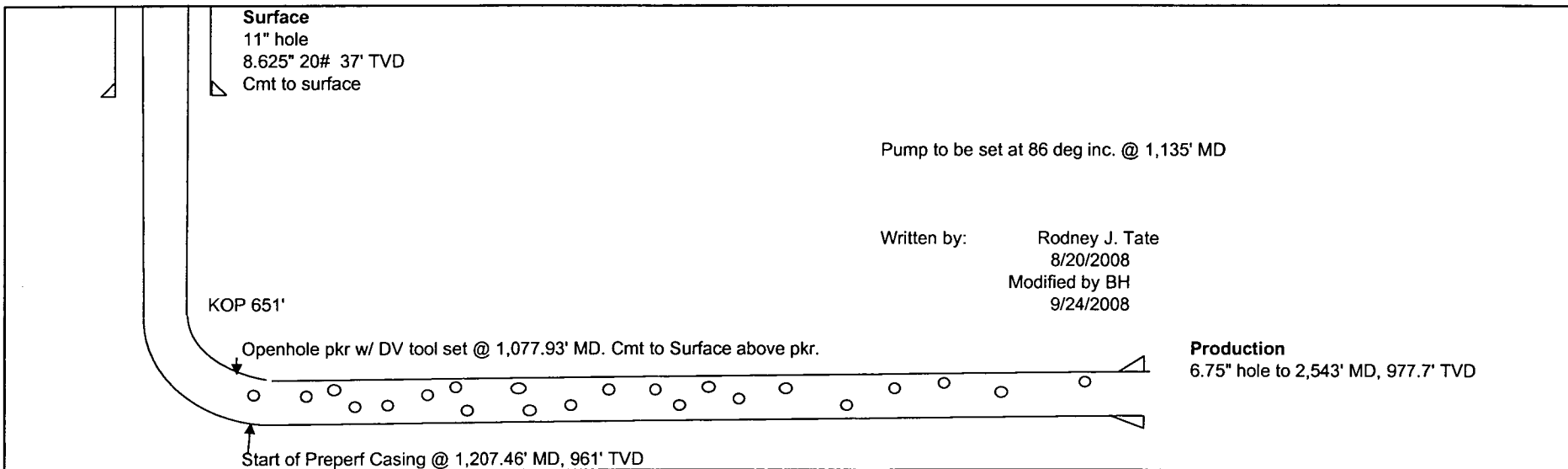
TUBING RECORD: Size: <u>2-3/8"</u> Set At: <u>1,013.8'</u> Packer At:		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls. <u>0</u>	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 <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Actual Knisley 32-6 Wellbore Diagram

Actual Surface Loc: SW/4 Sec 32 T32S - R17E, Montgomery Co., KS
 Actual Surface Loc: 296' FSL, 2020' FWL, ELEV 804'
 Actual Bottomhole Loc: SW/4 Sec 32 T32S - R17E
 Actual Bottomhole Loc, Start of Target: 517.6' FSL, 1,657.2' FWL Sec 32
 Actual Bottomhole Loc, End of Target: 1,286.2' FSL, 621.8' FWL Sec 32 Azim 305.3°
 Actual Lateral Length: 1,295'
 Actual Vertical Section: 1,713.3'

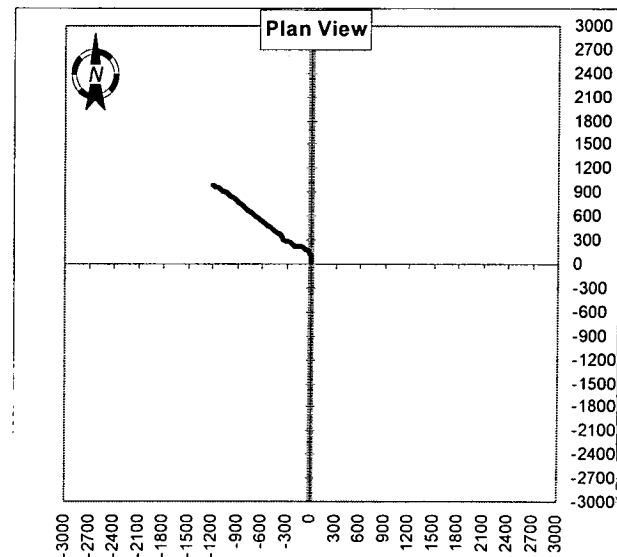
	Size	Wt	# jts.	Length	MD	TVD
Surface Casing	8.625	20#	NA	37.00	37.00	37
Production Casing	4.5"	10.5#	33	1,049.33	1,049.33	942
Stage Tool	4.5"			2.00	1,051.33	942
Ann. Csg. Pkr	4.5"			26.60	1,077.93	948
Production Casing	4.5"	10.5#	2	65.63	1,143.56	956
4.5" x 3.5" X-over				0.83	1,144.39	956
Blank Liner	3.5"	9.3#	2	63.07	1,207.46	961
Preperf Liner	3.5"	9.3#	39	1,236.71	2,444.17	972
bullet nose	3.5"	9.3#		31.10	2,475.27	974



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CONSERVATION DIVISION
 WICHITA, KS



Scientific Drilling International

Survey Completion Report

Company: Constellation Energy Partners		Date: 8/20/2008	Time: 08:48:57	Page: 1
Field: Montgomery County, KS		Co-ordinate(NE) Reference: Well: Knisley 32-6, True North		
Site: Section 32 - 32S - 17E		Vertical (TVD) Reference: SITE 0.0		
Well: Knisley 32-6		Section (VS) Reference: Well (0.00N,0.00E,305.00Azi)		
Wellpath: Original Wellpath		Survey Calculation Method: Minimum Curvature	Db: Sybase	

Survey: Survey #1	Start Date: 8/20/2008
Company: Scientific Drilling Internatio	Engineer: Hancock
Tool:	Tied-to: From Surface

Field: Montgomery County, KS Montgomery County, KS	
Map System: US State Plane Coordinate System 1983	Map Zone: Kansas, Southern Zone
Geo Datum: GRS 1980	Coordinate System: Well Centre
Sys Datum: Mean Sea Level	Geomagnetic Model: igrf2005

Site: Section 32 - 32S - 17E		RECEIVED	
Sec 32-32S-17E		KANSAS CORPORATION COMMISSION	
Site Position:	Northing: m	Latitude:	
From: Lease Line	Easting: m	Longitude:	
Position Uncertainty: 0.0 ft		North Reference: True	
Ground Level: 0.0 ft		Grid Convergence: 1.80 deg	

DEC 04 2008

CONSERVATION DIVISION
WICHITA, KS

Well: Knisley 32-6	Slot Name:		
Well Position: +N/-S -1081.0 ft Northing: 464338.22 m	Latitude: 37 12 34.312 N		
+E/-W 1614.0 ft Easting: 660095.14 m	Longitude: 95 34 10.049 W		
Position Uncertainty: 0.0 ft			

Wellpath: Original Wellpath	Drilled From: Surface
Original Wellpath Knisley 32-6	Tie-on Depth: 0.0 ft
Current Datum: SITE	Above System Datum: Mean Sea Level
Magnetic Data: 5/1/2008	Declination: 3.47 deg
Field Strength: 52518 nT	Mag Dip Angle: 65.81 deg
Vertical Section: Depth From (TVD)	Direction
ft	ft
0.0	0.0
0.0	0.0
0.0	305.00

Survey										
MD	Incl	Azim	TVD	N/S	E/W	VS	DLS	ClsD	ClsA	Comment
ft	deg	deg	ft	ft	ft	ft	deg/100ft	ft	deg	
0.0	0.00	0.00	0.0	0.0	0.0	0.0	0.00	0.0	0.00	
311.0	0.90	17.92	311.0	2.3	0.8	0.7	0.29	2.4	17.92	
464.0	0.97	0.17	464.0	4.8	1.1	1.8	0.19	4.9	13.28	Oswego
522.0	1.02	354.33	522.0	5.8	1.1	2.4	0.19	5.9	10.55	Mulky
597.0	1.10	347.64	596.9	7.1	0.9	3.4	0.19	7.2	6.83	
629.0	1.66	352.49	628.9	7.9	0.7	3.9	1.79	7.9	5.27	
661.0	1.48	345.55	660.9	8.8	0.6	4.6	0.82	8.8	3.69	
692.0	2.99	326.10	691.9	9.8	0.0	5.6	5.38	9.8	0.08	
724.0	9.14	312.24	723.7	12.2	-2.3	8.9	19.62	12.4	349.18	
752.0	15.91	309.24	751.0	16.2	-7.0	15.0	24.28	17.6	336.69	
756.0	16.88	309.01	754.9	16.9	-7.8	16.1	24.28	18.6	335.08	
773.7	21.43	308.98	771.6	20.5	-12.4	21.9	25.65	24.0	328.95	Weir Pitt
787.0	24.83	308.97	783.8	23.8	-16.4	27.1	25.65	28.9	325.42	
819.0	33.20	308.46	811.8	33.5	-28.5	42.6	26.17	44.0	319.59	
851.0	41.19	306.67	837.2	45.3	-43.8	61.9	25.19	63.0	315.90	
882.0	48.97	306.60	859.1	58.3	-61.5	83.8	25.10	84.7	313.51	
914.0	55.34	305.93	878.7	73.3	-81.8	109.1	19.97	109.8	311.85	
946.0	58.20	303.52	896.3	88.5	-103.8	135.8	10.93	136.4	310.45	
978.0	60.77	300.70	912.5	103.2	-127.2	163.3	11.05	163.7	309.05	
991.5	62.41	299.98	918.9	109.2	-137.4	175.2	12.99	175.5	308.46	Rowe
1009.0	64.53	299.08	926.8	116.9	-151.0	190.8	12.99	191.0	307.73	
1041.0	70.30	297.39	939.0	130.8	-177.1	220.1	18.68	220.2	306.46	
1073.0	76.82	295.82	948.1	144.6	-204.5	250.4	20.91	250.4	305.26	
1104.0	83.94	295.19	953.3	157.7	-232.1	280.6	23.05	280.6	304.20	

Scientific Drilling International

Survey Completion Report

Company: Constellation Energy Partners
 Field: Montgomery County, KS
 Site: Section 32 - 32S - 17E
 Well: Knisley 32-6
 Wellpath: Original Wellpath

Date: 8/20/2008 Time: 08:48:57 Page: 2
 Co-ordinate(NE) Reference: Well: Knisley 32-6, True North
 Vertical (TVD) Reference: SITE 0.0
 Section (VS) Reference: Well (0.00N,0.00E,305.00Azi)
 Survey Calculation Method: Minimum Curvature Db: Sybase

Survey

MD ft	Incl deg	Azim deg	TVD ft	N/S ft	E/W ft	VS ft	DLS deg/100ft	ClsD ft	ClsA deg	Comment
1136.0	86.54	294.82	955.9	171.2	-261.0	312.0	8.21	312.1	303.27	
1168.0	85.90	294.06	958.0	184.4	-290.0	343.3	3.10	343.7	302.45	
1200.0	85.29	297.47	960.5	198.3	-318.8	374.8	10.79	375.4	301.88	
1231.0	84.75	298.15	963.2	212.7	-346.1	405.5	2.79	406.2	301.57	
1236.0	84.58	297.91	963.7	215.0	-350.5	410.4	5.87	411.2	301.53	
1250.0	86.17	298.11	964.8	221.6	-362.8	424.3	11.46	425.1	301.41	
1263.0	87.65	298.30	965.5	227.7	-374.2	437.2	11.46	438.1	301.32	
1295.0	91.24	299.63	965.8	243.2	-402.2	469.0	11.96	470.0	301.16	
1326.0	90.13	299.44	965.4	258.5	-429.2	499.8	3.63	501.0	301.06	
1358.0	87.61	300.11	966.1	274.4	-457.0	531.7	8.15	533.0	300.98	
1390.0	86.87	299.95	967.6	290.4	-484.6	563.5	2.37	565.0	300.93	
1398.1	87.05	300.85	968.0	294.5	-491.6	571.6	11.27	573.0	300.92	Riverton
1422.0	87.58	303.49	969.1	307.2	-511.8	595.4	11.27	596.9	300.97	
1454.0	90.30	305.89	969.7	325.4	-538.1	627.4	11.33	628.8	301.16	
1485.0	91.44	307.14	969.3	343.8	-563.0	658.4	5.46	659.7	301.41	
1517.0	90.24	306.44	968.8	363.0	-588.6	690.4	4.34	691.6	301.66	
1548.0	89.97	306.19	968.7	381.3	-613.6	721.4	1.19	722.5	301.86	
1580.0	90.57	306.46	968.6	400.3	-639.4	753.4	2.06	754.4	302.05	
1612.0	88.79	305.84	968.8	419.2	-665.2	785.4	5.89	786.3	302.21	
1644.0	86.81	305.19	970.0	437.7	-691.3	817.3	6.51	818.2	302.34	
1675.0	86.77	307.34	971.7	456.0	-716.2	848.3	6.93	849.1	302.49	
1707.0	88.86	309.24	973.0	475.9	-741.3	880.2	8.82	880.9	302.70	
1728.0	89.32	309.57	973.3	489.2	-757.5	901.1	2.71	901.7	302.85	Mississippi
1739.0	89.56	309.75	973.4	496.2	-766.0	912.1	2.71	912.7	302.93	
1771.0	91.78	311.95	973.0	517.1	-790.2	943.9	9.77	944.4	303.20	
1802.0	92.22	311.97	971.9	537.9	-813.2	974.7	1.42	975.0	303.48	
1834.0	92.19	311.75	970.7	559.2	-837.1	1006.4	0.69	1006.7	303.74	
1866.0	92.48	311.26	969.4	580.4	-861.0	1038.2	1.78	1038.4	303.98	
1897.0	89.90	311.60	968.8	600.9	-884.2	1069.0	8.39	1069.1	304.20	
1929.0	88.93	311.54	969.1	622.1	-908.2	1100.8	3.04	1100.8	304.41	
1960.0	88.28	311.75	969.8	642.7	-931.3	1131.6	2.20	1131.6	304.61	
1992.0	89.33	311.46	970.5	664.0	-955.3	1163.3	3.40	1163.3	304.80	
2024.0	89.50	311.19	970.8	685.1	-979.3	1195.1	1.00	1195.1	304.98	
2056.0	89.73	311.33	971.0	706.2	-1003.3	1226.9	0.84	1226.9	305.14	
2087.0	88.89	310.49	971.4	726.5	-1026.8	1257.8	3.83	1257.8	305.28	
2119.0	88.32	307.23	972.2	746.6	-1051.7	1289.7	10.34	1289.7	305.37	
2151.0	88.59	306.42	973.1	765.7	-1077.3	1321.7	2.67	1321.7	305.40	
2183.0	90.10	306.37	973.4	784.7	-1103.0	1353.7	4.72	1353.7	305.43	
2214.0	90.10	306.62	973.4	803.1	-1128.0	1384.6	0.81	1384.7	305.45	
2246.0	91.31	305.89	973.0	822.1	-1153.8	1416.6	4.42	1416.7	305.47	
2278.0	92.18	305.83	972.0	840.8	-1179.7	1448.6	2.73	1448.7	305.48	
2310.0	91.82	305.68	970.9	859.5	-1205.6	1480.6	1.22	1480.6	305.48	
2341.0	91.07	305.55	970.1	877.5	-1230.8	1511.6	2.46	1511.6	305.49	
2373.0	89.19	305.13	970.0	896.0	-1256.9	1543.6	6.02	1543.6	305.48	
2405.0	88.32	304.49	970.7	914.3	-1283.2	1575.6	3.37	1575.6	305.47	
2437.0	86.78	303.86	972.1	932.3	-1309.7	1607.5	5.20	1607.6	305.44	
2469.0	87.08	303.22	973.8	949.9	-1336.3	1639.5	2.21	1639.5	305.41	
2501.0	86.81	302.99	975.5	967.4	-1363.1	1671.4	1.11	1671.4	305.36	
2504.0	86.70	303.03	975.7	969.0	-1365.6	1674.4	3.90	1674.4	305.36	
2543.0	87.25	303.03	977.7	990.2	-1398.2	1713.3	1.41	1713.4	305.31	

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KANSAS CORPORATION COMMISSION

DEC 04 2008

CONSERVATION DIVISION
WICHITA KS



Scientific Drilling

Constellation Energy Partners

Field: Montgomery County, KS
Site: Section 32 - 32S - 17E
Well: Knisley 32-6
Wellpath: Original Wellpath
Survey: Survey #1



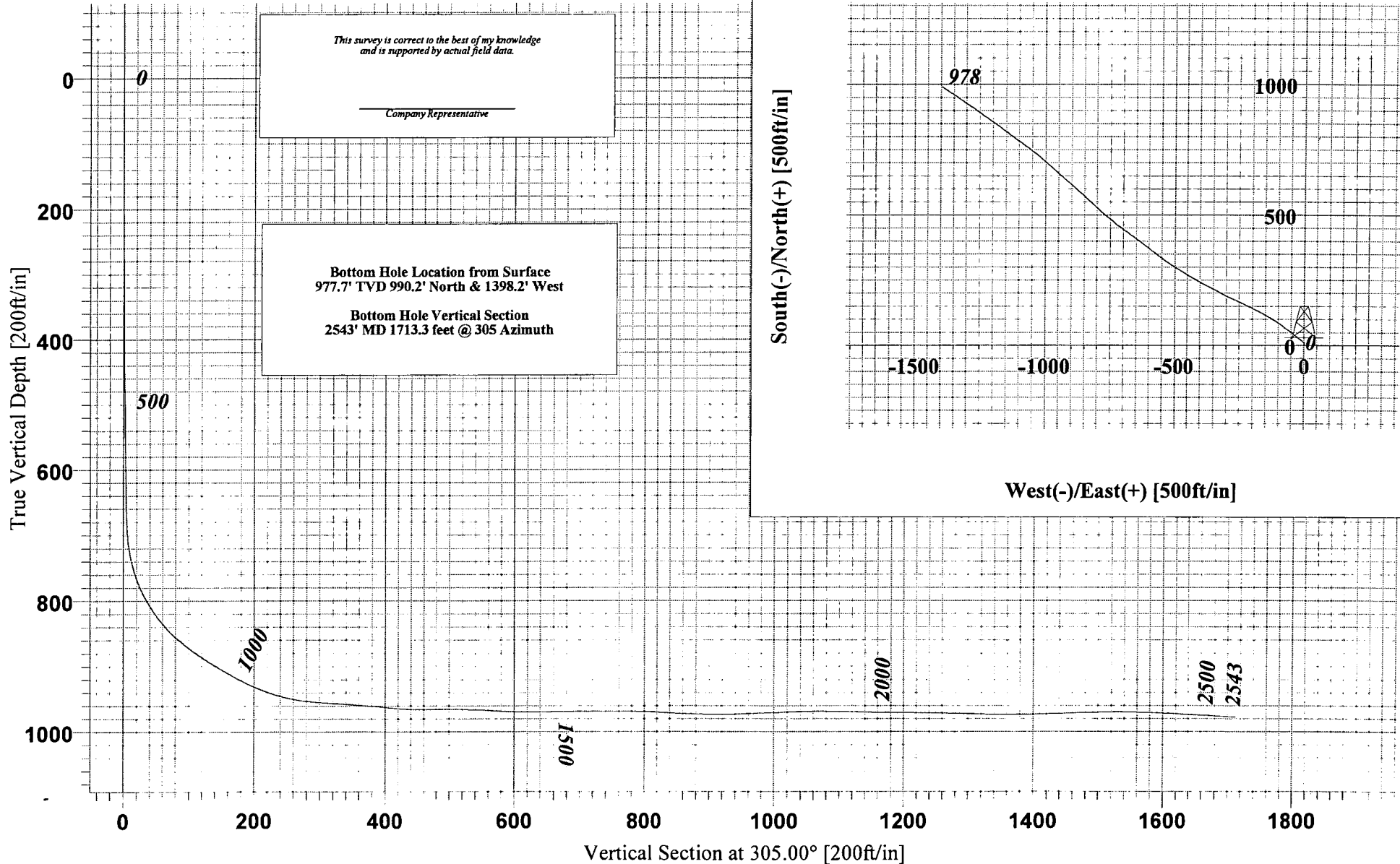
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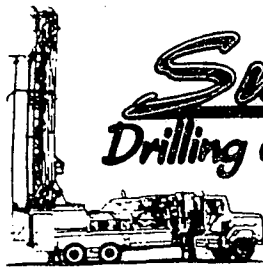
DEC 04 2008

CONSERVATION DIVISION
WICHITA, KS

Azimuths to True North
Magnetic North: 3.47°

Magnetic Field
Strength: 52518nT
Dip Angle: 65.81°
Date: 5/1/2008
Model: igrf2005





Smith Drilling Company

Dewey, OK

5538

396871 West 1063 Way - Dewey, OK 74029
Home: 918-534-1020 - Mobile: 918-534-7707

CONSTELLATION ENERGY
MONTGOMERY CO., KS.

KNISLEY LEASE
WELL #32-6 Sec. 32 Twp. 32S Range 17E

AUGUST 6, 2008

0 - 40	Surface
40 - 43	Shale
43 - 56	Lime
56 - 194	Shale
194 - 198	Lime
198 - 201	Sand
201 - 208	Sandy lime
208 - 223	Lime
223 - 232	Sandy shale
232 - 243	Lime
243 - 247	Shale
247 - 257	Lime
257 - 260	Shale
260 - 267	Sand
267 - 278	Shale
278 - 318	Sand
318 - 328	Sandy shale
328 - 358	Sand
358 - 386	Sandy shale
386 - 419	Lime
419 - 424	Sandy shale
424 - 426	Coal
426 - 468	Shale
468 - 497	Lime
497 - 503	Shale
503 - 521	Lime
521 - 528	Shale
528 - 535	Lime

535 - 625	Shale
625 - 649	Sand (wet @629)
649 - 689	Sandy shale
689	Total depth

RECEIVED
KANSAS CORPORATION COMMISSION

DEC 04 2008

CONSERVATION DIVISION
WICHITA, KS

Reviewed by _____
 Approved by _____
 Approved by _____
 Date Paid _____
 Check No. _____

Enchufe de forma 2 1/2" x 4" com 4
pines



Account #	Property	Amount	AFE	SV
11927201	150183	9756.25	74081347	8/08

Terms

IMMEDIATE

VENDOR # 10537

CEP



Smith
Drilling Company

Dewey,
OK

396871 West 1063 Way – Dewey, OK 74029
Home: 918-534-1020 – Mobile: 918-534-7707

CONSTELLATION ENERGY
MONTGOMERY CO., KS.

KNISLEY LEASE AUGUST 6, 2008
WELL #32-6 Sec. 32 Twp. 32S Range 17E

DRILLERS COMMENTS

Spud date 8-4-08

Surface hole 40'

Surface pipe 37' 8 5/8 pipe 2 joints

Used 8 bags cement

3 hrs. rig time to log well

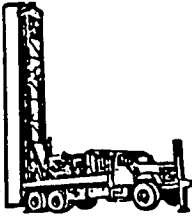
Wet @629

Total depth 689

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DEC 04 2008

CONSERVATION DIVISION
WICHITA, KS



PENSE BROS. DRILLING CO., INC.

6183

RECEIVED
AUG 25 2008
By _____

654 W. 138th Street, - P.O. Box 760
Glenpool, OK 74033
Phone: 918-322-3095
FAX: 918-322-3829

Date August 14, 2008

CEP Mid-Continent
P.O. Box 970
Skiatook, OK 74070

MAIL TO DATE
AUG 29 2008
ACCOUNTING

RECEIVED
KANSAS CORPORATION COMMISSION
DEC 04 2008
CONSERVATION DIVISION
WICHITA, KS

Account #	Property	Amount	AFE	SV
1927202	150183	47144.00	4681347	8708
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

VENDOR # 10897
NSE 985 CEP 978 MCOS 985 IMMEDIATE OVERNITE

Knisley
Well #32-6
Montgomery County, KS

15	Hours rigtime @ \$500.00/hr. (drilling)	8-11-08	\$ 7,500.00
24	Hours rigtime @ \$500.00/hr. (drilling)	8-12-08	12,000.00
24	Hours rigtime @ \$500.00/hr. (drilling)	8-13-08	12,000.00
20	Hours rigtime @ \$500.00/hr. (drilling)	8-14-08	10,000.00
	Fuel 8-13-08		<u>5,644.00</u>
	Amount Due		\$47,144.00

TERMS: NET 10 DAYS. AFTER 30 DAYS A FINANCE CHARGE OF 1 1/2% PER MONTH, WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% IS CHARGED ON ALL PAST DUE ACCOUNTS.

Reviewed by *[Signature]*
Approved by *[Signature]*
Date Paid _____
Check No. _____

REMIT TO:
Pense Bros. Drilling
P.O. Box 760
Glenpool, OK 74033

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 32-6

Date: 08-11-08 Interval From: To:

Start Time 11:00 ^(AM) PM Finish Time 8:00 ^(PM) AM

Day of the Week: MOU

Customer/Operator: CEP

Noon to Midnight Midnight to Noon

Location/State: KS County: Montgomery

EMPLOYEE:

EQUIPMENT

Toolpusher Jim Casselman
 Driller José Pedraza
 Helper Miguel Flores
 Helper Michael Casselman
 Helper Rogelio Gomez
 Other _____

Booster # _____
 Compressor # _____
 Compressor # _____
 Other 283
 Other 284
 Other _____

Hammer:	Hammer Bit:	Tri-cone Bit:
Make	Make	Make
Size	Model	Model
SN	Choke	IADC#
	SN	

Intake Pressure:	Intermediate Pressure:	Discharge Pressure:
------------------	------------------------	---------------------

Safety Checklist (Employee initials)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Pre-shift safety meeting/discussion | <input checked="" type="checkbox"/> Body harness |
| <input checked="" type="checkbox"/> Engine oil levels | <input checked="" type="checkbox"/> Fuel/Oil/Fluid Leaks |
| <input checked="" type="checkbox"/> Coolant levels | <input checked="" type="checkbox"/> Pipe Trailer Organized |
| <input checked="" type="checkbox"/> Hydraulic fluid levels | <input checked="" type="checkbox"/> Tools Organized |
| <input checked="" type="checkbox"/> Hoisting chains/cables | <input checked="" type="checkbox"/> Fire Extinguishers |
| <input checked="" type="checkbox"/> Handrails | <input checked="" type="checkbox"/> First Aid Kit |
| <input checked="" type="checkbox"/> Winch Lines | <input checked="" type="checkbox"/> Personal Safety Equipment |
| <input checked="" type="checkbox"/> Pipe clamp/Clevises tight | <input checked="" type="checkbox"/> MSDS-sheets |
| <input checked="" type="checkbox"/> Pipe clamp sling | <input checked="" type="checkbox"/> SPCC-sheets |
| <input checked="" type="checkbox"/> Pipe clamp hook | <input checked="" type="checkbox"/> Light tower check |
| <input checked="" type="checkbox"/> Housekeeping check | <input checked="" type="checkbox"/> Extension cords |
| <input checked="" type="checkbox"/> Generator connections | <input checked="" type="checkbox"/> Emergency #'s/procedures |

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above. I also certify that I was not injured while on my shift and that I am not aware of any other crewmember being injured during my shift.

Toolpusher or Driller signature: _____

All Employees must sign at the end of their shift (if they are not injured)

Statement: I confirm that I was not injured while on my shift.

Toolpusher _____	Helper <u>Michael Casselman</u>
Driller <u>José Pedraza</u>	Helper <u>Rogelio Gomez</u>
Helper <u>Miguel Flores</u>	Contractor _____

If an employee was injured during this shift, please fill out this section.

Name of injured Employee _____	Injured Emp. Signature _____
--------------------------------	------------------------------

Description of incident

Time	Operation/Activity	Depth	Pressure
6-7			
7-8			
8-9			
9-10	Travel		
10-11	Travel		
11-12	unload tools, make hoses connections		
12-1	Rig up		
1-2	wait for mud		
2-3	wait for mud		
3-4	" " "		
4-5	" " "		
5-6	" " " pump mud on the hole		
6-7	wait		
7-8	"		

Noon

RECEIVED
 KANSAS CORPORATION COMMISSION
 DEC 04 2008
 CONSERVATION DIVISION
 WICHITA, KS

Surface
Pipe-Tally
1
2
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38
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40
41
42
43
44
45
Total

Pense Bros. Drilling Co., Inc.

DRILLING REPORT-DAY SHIFT

22-5 #9846

P.O. Box 551

Rig# 24 Well# ~~22-5~~ KNISLEY

Fredericktown, MO 63645

Date: 12-11-08 Interval From: To:

Start AM Finish AM
Time 8:00 PM Time 8:00 PM

Day of the Week: Mon-Tue

Customer/Operator: C E P

Noon to Midnight Midnight to Noon

Location/State: County: Montgomery

EMPLOYEE:

EQUIPMENT

Toolpusher Jerry Stanton
Driller Jacobo Guerrero
Helper Alvaro Rosales
Helper Pablo Vazquez
Helper
Other

Booster #
Compressor #
Compressor #
Other 283
Other 284
Other

Hammer:
Make
Size
SN

Hammer Bit:
Make
Model
Choke
SN

Tri-cone Bit: 6.750
Make H.C.
Model
IADC#

Intake Pressure:

Intermediate Pressure:

Discharge Pressure:

Safety Checklist (Employee initials)

- Pre-shift safety meeting/discussion
Engine oil levels
Coolant levels
Hydraulic fluid levels
Hoisting chains/cables
Handrails
Winch Lines
Pipe clamp/Clevises tight
Pipe clamp sling
Pipe clamp hook
Housekeeping check
Generator connections
Body harness
Fuel/Oil/Fluid Leaks
Pipe Trailer Organized
Tools Organized
Fire Extinguishers
First Aid Kit
Personal Safety Equipment
MSDS-sheets
SPCC-sheets
Light tower check
Extension cords
Emergency #'s/procedures

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above.

Toolpusher or Driller signature:

All Employees must sign at the end of their shift (if they are not injured)

Statement: I confirm that I was not injured while on my shift.

Toolpusher Jerry Stanton Helper PABLO VAZQUEZ
Driller Jacobo Guerrero
Helper Alvaro Rosales Contractor

If an employee was injured during this shift, please fill out this section.

Name of injured Employee Injured Emp. Signature

Description of incident

Table with columns: Time, Operation/Activity, Depth, Pressure. Includes handwritten entries like 'Safety meeting wait', 'pump mud', 'Flow Back Well', 'Pick up motor' and a 'RECEIVED' stamp from the Kansas Corporation Commission dated DEC 04 2008.

Mid

Surface Pipe-Tally table with rows 1 through 45 and a Total row.

Pense Bros. Drilling Co., Inc.

DRILLING REPORT-DAY SHIFT

49847
32-6

P.O: Box 551

Fredericktown, MO 63645

Rig# 24 Well# ~~32-6~~ ~~32-6~~

Date: 0812-08 Interval From: To:

Start Time (AM) Finish AM

Day of the Week: TUE

Time 8:00 PM Time PM

Customer/Operator: CEP

Noon to Midnight Midnight to Noon

Location/State: KS County: Montgomery

EMPLOYEE:

EQUIPMENT

Toolpusher Jim Casselman
Driller Jose Pedraza
Helper Miguel Flores
Helper Michael Casselman
Helper Rogelio Gomez
Other Mike Zaricor

Booster #
Compressor #
Compressor #
Other 283
Other 284
Other

Hammer:

Hammer Bit:

Tri-cone Bit:

Make

Make

Make

Size

Model

Model

SN

Choke

IADC#

SN

Intake Pressure:

Intermediate Pressure:

Discharge Pressure:

Safety Checklist

(Employee initials)

(Employee initials)

- Pre-shift safety meeting/discussion
Engine oil levels
Coolant levels
Hydraulic fluid levels
Hoisting chains/cables
Handrails
Winch Lines
Pipe clamp/Clevises tight
Pipe clamp sling
Pipe clamp hook
Housekeeping check
Generator connections
Body harness
Fuel/Oil/Fluid Leaks
Pipe Trailer Organized
Tools Organized
Fire Extinguishers
First Aid Kit
Personal Safety Equipment
MSDS-sheets
SPCC-sheets
Light tower check
Extension cords
Emergency #'s/procedures

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above. I also certify that I was not injured while on my shift and that I am not aware of any other crewmember being injured during my shift.

Toolpusher or Driller signature:

All Employees must sign at the end of their shift (if they are not injured)

Statement: I confirm that I was not injured while on my shift.

Toolpusher

Helper Rogelio Gomez

Driller

Helper Mike Zaricor

Helper Miguel Flores

Contractor

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DEC 04 2008

If an employee was injured during this shift, please fill out this section.

Name of injured Employee

Injured

Emp. Signature

CONSERVATION DIVISION WICHITA, KS

Description of incident

Table with 4 columns: Time, Operation/Activity, Depth, Pressure. Includes entries for 10 Gal. Corrosion inhibitor, Safety meeting, Scientific tools Rig up, and Drilling 6 3/4.

Noon

Surface Pipe-Tally table with rows 1 through 45 and a Total row.

Pense Bros. Drilling Co., Inc.
 P.O. Box 551
 Fredericktown, MO 63645

DRILLING REPORT-DAY SHIFT

49848

Rig# 24 Well# 32-6 Knisley
 Date: 08-12-08 Interval From: To:
 Day of the Week: TUE WED
 Customer/Operator: CEP
 Location/State: OKS County: Montgomery

Surface	Pipe-Tally
1	
2	
3	
4	
5	
6	
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38	
39	
40	
41	
42	
43	
44	
45	
Total	

Start AM Finish AM
 Time 8:00 PM Time 8:00 PM
 Noon to Midnight Midnight to Noon

EMPLOYEE:
 Toolpusher Jerry Stanton
 Driller Jacobo Guerrero
 Helper Alvaro Rosales
 Helper PABLO VAZQUEZ
 Other _____

EQUIPMENT
 Booster # _____
 Compressor # _____
 Compressor # _____
 Other 283
 Other 284
 Other _____

Hammer: Hammer Bit: Tri-cone Bit: 6.750
 Make Make Make H.C
 Size Model Model Stx-30
 SN Choke IADC#

Intake Pressure: Intermediate Pressure: Discharge Pressure:

Safety Checklist		(Employee initials)	(Employee initials)		
<input checked="" type="checkbox"/>	Pre-shift safety meeting/discussion	_____	<input checked="" type="checkbox"/>	Body harness	_____
<input checked="" type="checkbox"/>	Engine oil levels	_____	<input checked="" type="checkbox"/>	Fuel/Oil/Fluid Leaks	_____
<input checked="" type="checkbox"/>	Coolant levels	_____	<input checked="" type="checkbox"/>	Pipe Trailer Organized	_____
<input checked="" type="checkbox"/>	Hydraulic fluid levels	_____	<input checked="" type="checkbox"/>	Tools Organized	_____
<input checked="" type="checkbox"/>	Hoisting chains/cables	_____	<input checked="" type="checkbox"/>	Fire Extinguishers	_____
<input checked="" type="checkbox"/>	Handrails	_____	<input checked="" type="checkbox"/>	First Aid Kit	_____
<input checked="" type="checkbox"/>	Winch Lines	_____	<input checked="" type="checkbox"/>	Personal Safety Equipment	_____
<input checked="" type="checkbox"/>	Pipe clamp/Clevises tight	_____	<input checked="" type="checkbox"/>	MSDS-sheets	_____
<input checked="" type="checkbox"/>	Pipe clamp sling	_____	<input checked="" type="checkbox"/>	SPCC-sheets	_____
<input checked="" type="checkbox"/>	Pipe clamp hook	_____	<input checked="" type="checkbox"/>	Light tower check	_____
<input checked="" type="checkbox"/>	Housekeeping check	_____	<input checked="" type="checkbox"/>	Extension cords	_____
<input checked="" type="checkbox"/>	Generator connections	_____	<input checked="" type="checkbox"/>	Emergency #'s/procedures	_____

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above. I also certify that I was not injured while on my shift and that I am not aware of any other crewmember being injured during my shift.
 Toolpusher or Driller signature: _____

All Employees must sign at the end of their shift (if they are not injured)
 Statement: I confirm that I was not injured while on my shift.

Toolpusher Jerry Stanton Helper PABLO VAZQUEZ
 Driller Jacobo Guerrero Helper _____ RECEIVED
 KANSAS CORPORATION COMMISSION
 Helper Alvaro Rosales Contractor _____
 If an employee was injured during this shift, please fill out this section. **DEC 04 2008**

Name of injured Employee _____ Injured Emp. Signature _____
 CONSERVATION DIVISION
 WICHITA, KS

Description of incident _____

Time	Operation/Activity	Depth	Pressure
6-7	Polymes Polymes		
7-8	4 Gal		
8-9	ISOLETX MEETING DRILLING @ 3/4 TRI CONE	1283	900
9-10	STOP 1283 circulate TRIP OUT		
10-11	BREAK DOWN SDI TOOLS		
11-12	SACKING TOOLS UP RIG UP		
12-1	TRIP IN		
1-2	STOP THE PUMP 1:20 DRILLING @ 3/4	1316	900
2-3	DRILLING @ 3/4 TRI CONE	1393	900
3-4	W I I W I I	1494	900
4-5	W I I W I I	1477	900
5-6	W I I W I I	1544	900
6-7	W I I W I I	1626	900
7-8	W I I W I I	1693	900

Mid

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 32-6
 Date: 08-13-08 Interval From: _____ To: _____
 Day of the Week: WED
 Customer/Operator: CEP
 Location/State: KS County: Montgomery

Start Time 8:00 AM PM
 Finish Time 8:00 AM PM
 Noon to Midnight Midnight to Noon

Surface
Pipe-Tally
1
2
3
4
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27
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41
42
43
44
45
Total

EMPLOYEE:
 Toolpusher Jim Casselman
 Driller José Pedraza
 Helper Miguel Flores
 Helper Rogelio Gomez
 Helper Mike Zaricor
 Other _____

EQUIPMENT:
 Booster # _____
 Compressor # _____
 Compressor # _____
 Other 284
 Other 283
 Other _____

Hammer: _____ Hammer Bit: _____ Tri-cone Bit: _____
 Make _____ Make _____ Make _____
 Size _____ Model _____ Model _____
 SN _____ Choke _____ IADC# _____
 SN _____

Intake Pressure: _____ Intermediate Pressure: _____ Discharge Pressure: _____

Safety Checklist (Employee initials) _____ (Employee initials) _____

<input checked="" type="checkbox"/> Pre-shift safety meeting/discussion	_____	<input checked="" type="checkbox"/> Body harness	_____
<input checked="" type="checkbox"/> Engine oil levels	_____	<input checked="" type="checkbox"/> Fuel/Oil/Fluid Leaks	_____
<input checked="" type="checkbox"/> Coolant levels	_____	<input checked="" type="checkbox"/> Pipe Trailer Organized	_____
<input checked="" type="checkbox"/> Hydraulic fluid levels	_____	<input checked="" type="checkbox"/> Tools Organized	_____
<input checked="" type="checkbox"/> Hoisting chains/cables	_____	<input checked="" type="checkbox"/> Fire Extinguishers	_____
<input checked="" type="checkbox"/> Handrails	_____	<input checked="" type="checkbox"/> First Aid Kit	_____
<input checked="" type="checkbox"/> Winch Lines	_____	<input checked="" type="checkbox"/> Personal Safety Equipment	_____
<input checked="" type="checkbox"/> Pipe clamp/Clevises tight	_____	<input checked="" type="checkbox"/> MSDS-sheets	_____
<input checked="" type="checkbox"/> Pipe clamp sling	_____	<input checked="" type="checkbox"/> SPCC-sheets	_____
<input checked="" type="checkbox"/> Pipe clamp hook	_____	<input checked="" type="checkbox"/> Light tower check	_____
<input checked="" type="checkbox"/> Housekeeping check	_____	<input checked="" type="checkbox"/> Extension cords	_____
<input checked="" type="checkbox"/> Generator connections	_____	<input checked="" type="checkbox"/> Emergency #'s/procedures	_____

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above. I also certify that I was not injured while on my shift and that I am not aware of any other crewmember being injured during my shift.

Toolpusher or Driller signature: _____
 All Employees must sign at the end of their shift (if they are not injured)
 Statement: I confirm that I was not injured while on my shift.

Toolpusher _____ Helper Rogelio Gomez
 Driller José Pedraza Helper Mike Zaricor
 Helper Miguel Flores Contractor _____

If an employee was injured during this shift, please fill out this section.
 Name of injured Employee _____ Injured _____
 Emp. Signature _____ **DEC 04 2008**
 RECEIVED
 KANSAS CORPORATION COMMISSION
 CONSERVATION DIVISION
 WICHITA, KS

Time	Operation/Activity	Depth	Pressure
6-7	<u>2 1/2 Gal. Polymer</u>		
7-8			
8-9	<u>safety meeting, Drilling 6 3/4</u>	<u>1741'</u>	<u>900</u>
9-10	<u>Drilling 6 3/4</u>	<u>1767'</u>	<u>900</u>
10-11	" "	<u>1806'</u>	<u>900</u>
11-12	" "	<u>1869'</u>	<u>900</u>
12-1	" "	<u>1889'</u>	<u>900</u>
1-2	" "	<u>1897'</u>	<u>900</u>
2-3	" "	<u>1925'</u>	<u>900</u>
3-4	" "	<u>1937'</u>	<u>900</u>
4-5	" "	<u>1985'</u>	<u>900</u>
5-6	" "	<u>2085'</u>	<u>900</u>
6-7	" "	<u>2107'</u>	<u>900</u>
7-8	" "	<u>2148'</u>	<u>900</u>

Noon

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 72-6 KN'Sley

Date: 08-13-08 Interval From: To:

Start AM Finish AM
Time 8:00 PM Time 8:00 PM

Day of the Week: Wed - Thu

Customer/Operator: CER

Noon to Midnight Midnight to Noon

Location/State: KS County: Montgomery

EMPLOYEE:

EQUIPMENT

Toolpusher Jerry Stanton
Driller Jacobo Guerrero
Helper Alvaro Qarcedo
Helper Qarcedo Vazquez
Helper Jose Novella
Other _____

Booster # _____
Compressor # _____
Compressor # _____
Other 283
Other 284
Other _____

Hammer: Hammer Bit: Tri-cone Bit: 6.750
Make Make Make H.C
Size Model Model Stx-30
SN Choke IADC# 537
SN SN S.N# 5123791

Intake Pressure: Intermediate Pressure: Discharge Pressure:

Safety Checklist (Employee initials) (Employee initials)

- Pre-shift safety meeting/discussion _____ Body harness _____
- Engine oil levels _____ Fuel/Oil/Fluid Leaks _____
- Coolant levels _____ Pipe Trailer Organized _____
- Hydraulic fluid levels _____ Tools Organized _____
- Hoisting chains/cables _____ Fire Extinguishers _____
- Handrails _____ First Aid Kit _____
- Winch Lines _____ Personal Safety Equipment _____
- Pipe clamp/Clevises tight _____ MSDS-sheets _____
- Pipe clamp sling _____ SPCC-sheets _____
- Pipe clamp hook _____ Light tower check _____
- Housekeeping check _____ Extension cords _____
- Generator connections _____ Emergency #'s/procedures _____

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above. I also certify that I was not injured while on my shift and that I am not aware of any other crewmember being injured during my shift.

Toolpusher or Driller signature: _____

All Employees must sign at the end of their shift (if they are not injured)

Statement: I confirm that I was not injured while on my shift.

Toolpusher Jerry Stanton Helper PABLO VAZQUEZ
Driller Jacobo Guerrero Helper Jose Novella
Helper Alvaro Qarcedo Contractor _____

If an employee was injured during this shift, please fill out this section.

Name of injured Employee _____ Injured RECEIVED
Emp. Signature _____ CORPORATION COMMISSION

Description of incident

DEC 04 2008

Time	Operation/Activity	CONSERVATION DIVISION WICHITA, KS	Depth	Pressure
6-7	4 Gal Polymer			
7-8				
8-9	Safety meeting Drilling 6 3/4 tri cone		2215	900
9-10	Drilling 6 3/4 per cone		2236	900
10-11	" " " "		2276	900
11-12	" " " "		2380	950
12-1	" " " "		2449	950
1-2	" " " "		2489	950
2-3	" " " "		2539	950
3-4	" " " " SPTD 2549 circulate		2543	
4-5	TRIP OUT			
5-6				
6-7	Lox Down SCHELTIG tools			
7-8	B.O.P. OFF wait for casing Tally casing Run 3 1/2 Perf.			

Surface
Pipe-Tally
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38
39
40
41
42
43
44
45
Total

Mid

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 32-6
 Date: 08-14-08 Interval From: _____ To: _____
 Day of the Week: THU
 Customer/Operator: CEP
 Location/State: KS County: Montgomery

Start Time 8:00 AM PM
 Finish Time 8:00 AM PM
 Noon to Midnight Midnight to Noon

Surface
Pipe-Tally
1
2
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25
26
27
28
29
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37
38
39
40
41
42
43
44
45
Total

EMPLOYEE:		EQUIPMENT	
Toolpusher <u>Jim Casselman</u>	Booster # _____	Compressor # _____	Compressor # _____
Driller <u>José Pedraza</u>	Other <u>283</u>	Other <u>284</u>	Other _____
Helper <u>Miguel Flores</u>			
Helper <u>Rogelio Gomez</u>			
Helper <u>Mike Zaricor</u>			
Other _____			

Hammer:	Hammer Bit:	Tri-cone Bit:
Make _____	Make _____	Make _____
Size _____	Model _____	Model _____
SN _____	Choke _____	IADC# _____
	SN _____	

Intake Pressure: _____ Intermediate Pressure: _____ Discharge Pressure: _____

Safety Checklist (Employee initials) _____ (Employee initials) _____

<input checked="" type="checkbox"/> Pre-shift safety meeting/discussion	<input checked="" type="checkbox"/> Body harness
<input checked="" type="checkbox"/> Engine oil levels	<input checked="" type="checkbox"/> Fuel/Oil/Fluid Leaks
<input checked="" type="checkbox"/> Coolant levels	<input checked="" type="checkbox"/> Pipe Trailer Organized
<input checked="" type="checkbox"/> Hydraulic fluid levels	<input checked="" type="checkbox"/> Tools Organized
<input checked="" type="checkbox"/> Hoisting chains/cables	<input checked="" type="checkbox"/> Fire Extinguishers
<input checked="" type="checkbox"/> Handrails	<input checked="" type="checkbox"/> First Aid Kit
<input checked="" type="checkbox"/> Winch Lines	<input checked="" type="checkbox"/> Personal Safety Equipment
<input checked="" type="checkbox"/> Pipe clamp/Clevises tight	<input checked="" type="checkbox"/> MSDS-sheets
<input checked="" type="checkbox"/> Pipe clamp sling	<input checked="" type="checkbox"/> SPCC-sheets
<input checked="" type="checkbox"/> Pipe clamp hook	<input checked="" type="checkbox"/> Light tower check
<input checked="" type="checkbox"/> Housekeeping check	<input checked="" type="checkbox"/> Extension cords
<input checked="" type="checkbox"/> Generator connections	<input checked="" type="checkbox"/> Emergency #'s/procedures

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above. I also certify that I was not injured while on my shift and that I am not aware of any other crewmember being injured during my shift.

Toolpusher or Driller signature: _____
 All Employees must sign at the end of their shift (if they are not injured)
 Statement: I confirm that I was not injured while on my shift.

Toolpusher _____ Helper Rogelio Gomez
 Driller José Pedraza Helper Mike Zaricor
 Helper _____ Contractor _____

If an employee was injured during this shift, please fill out this section.
 Name of injured Employee _____ Injured Emp. Signature RECEIVED
 KANSAS CORPORATION COMMISSION

Description of incident _____ **DEC 04 2008**
 Time Operation/Activity Depth Pressure
 6-7 CONSERVATION DIVISION WICHITA, KS
 7-8

8-9	safety meeting, Run 3 1/2 casing		
9-10	Run 3 1/2 casing, making x over, Run 4 1/2 casing		
10-11	Run 4 1/2 casing		
11-12	Rig down load tools,		
12-1	Pick up tools, wait for cementers		
1-2	woc		
2-3	wash tank		
3-4	moving equipment to nex location		
4-5	Rig up		
5-6	Moving equipment		
6-7	" "		
7-8	" " unload tools		

Noon



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 224678

Invoice Date: 08/19/2008 Terms:

Page 1

CEP MID-CONTINENT LLC
P.O. BOX 40
DEWEY OK 74029
(918)534-1700

RECEIVED
AUG 22 2008
By _____

KNISLEY 32-6
17984
8/11/08

MAIL TO
DATE
AUG 26 2008
ACCOUNTING

Part Number	Description	Qty	Unit Price	Total
1100	BARITE	11000.00	.3000	3300.00
1118B	PREMIUM GEL / BENTONITE	2000.00	.1700	340.00
1107A	PHENOSEAL (M) 40# BAG)	480.00	1.1500	552.00

Description	Hours	Unit Price	Total
398 CEMENT PUMP	1.00	925.00	925.00
398 EQUIPMENT MILEAGE (ONE WAY)	50.00	3.65	182.50
444 FLATBED DELIVERY	8.00	100.00	800.00
492 CEMENT PUMP	1.00	725.00	725.00
492 EQUIPMENT MILEAGE (ONE WAY)	50.00	3.65	182.50

RECEIVED
KANSAS CORPORATION COMMISSION
DEC 04 2008
CONSERVATION DIVISION
WICHITA, KS

Account # 1927308 Property 150183 Amount 6506.26 AFE 44081347 SV 8/08

Reviewed by [Signature]
Approved by [Signature]
Approved by _____
Date Paid _____
Check No. _____

VENDOR # 10046
NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

IMMEDIATE

Parts:	4192.00	Freight:	.00	Tax:	222.18	AR	7229.18
Labor:	.00	Misc:	.00	Total:	7229.18		
Sublt:	.00	Supplies:	.00	Change:	.00	DISCOUNT	<u>722.92</u>

NET 6506.26
Date _____

Signed _____



CONSOLIDATED
Oil Well Services, L.L.C.

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

TICKET NUMBER 17984

LOCATION Bartholomew, OK

FOREMAN Kirk Sanders

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-11-08	3105	Kinsky 32-6				Marion
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			398	John		
CITY			444	Tom S. / Brian		
STATE			492	Tim		
ZIP CODE						

JOB TYPE Kill HOLE SIZE 6 7/8 HOLE DEPTH 670' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Pumped 110 bbl of 9.5-10" mud, shut down & waited 15 minutes
still blowing. Premixed 80 sac with 12" mud & pumped down
hole w/ 2 pumps @ 4pm @ _____. Shut down & shut well in.

HAD H₂O

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925 ⁰⁰
5406	50	MILEAGE x 2 TRKS		365 ⁰⁰
5504B	8 hrs.	Flatbed		800 ⁰⁰
5401	1	Pump Trk (2 nd Pump)		725 ⁰⁰
1100	110 sk / 11,000 ⁰⁰	Weight Mud	*	3300 ⁰⁰
1118B	40 sk / 2,000 ⁰⁰	Premium Gof	*	340 ⁰⁰
1107A	12 sk / 480 ⁰⁰	Pharaseal	*	552 ⁰⁰

RECEIVED
KANSAS CORPORATION COMMISSION
DEC 04 2008
CONSERVATION DIVISION
WICHITA, KS

5.3% * SALES TAX
ESTIMATED TOTAL 7,229¹⁸

Revin 3737

AUTHORIZATION [Signature]

TITLE _____ DATE _____
224678



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

VOICE Invoice # 224866

Invoice Date: 08/20/2008 Terms: Page 1

CEP MID-CONTINENT LLC
P.O. BOX 40
DEWEY OK 74029
(918)534-1700

RECEIVED
AUG 25 2008
By _____

KNISLEY 32-6
18008
8/14/08

MAIL TO
DATE
AUG 29 2008
ACCOUNTING

Item Number	Description	Qty	Unit Price	Total
.04	CLASS "A" CEMENT	10340.00	.1500	1551.00
.07A	PHENOSEAL (M) 40# BAG)	80.00	1.1500	92.00
.10	GILSONITE (50#)	1100.00	.6000	660.00
.11	GRANULATED SALT (50 #)	500.00	.3300	165.00
.11A	SODIUM METASILICATE	100.00	1.8000	180.00
.18B	PREMIUM GEL / BENTONITE	550.00	.1700	93.50
.30	RPM	30.00	5.5000	165.00

Description	Hours	Unit Price	Total
.08 CEMENT PUMP	1.00	925.00	925.00
.08 EQUIPMENT MILEAGE (ONE WAY)	50.00	3.65	182.50
.08 CASING FOOTAGE	1400.00	.20	280.00
.06 TON MILEAGE DELIVERY	1.00	372.00	372.00
.06 UG 4 1/2" PLUG CONTAINER	1.00	200.00	200.00

RECEIVED
KANSAS CORPORATION COMMISSION
DEC 04 2008
CONSERVATION DIVISION
WICHITA, KS

count # Property Amount AFE SV
22307 150183 4518.06 4681387 8/08

IMMEDIATE

Reviewed by [Signature]
Approved by DS
Approved by _____
Date Paid _____
Check No. _____

VENDOR # 10046
SE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

parts:	2906.50	Freight:	.00	Tax:	154.06	AR	5020.06
labor:	.00	Misc:	.00	Total:	5020.06		
tblt:	.00	Supplies:	.00	Change:			

DISCOUNT 502.01

signed _____ NET 4518.06 Date _____



Scientific Drilling

Scientific Drilling International, Inc.

Corporate Headquarters
1100 Rankin Road • Houston Texas 77073
Tel: 281-443-3300 • Fax 281-443-3311

Remit to:
P.O. Box 200195
Houston, Texas 77216-0195

130034

SEP 08 2008

INVOICE

Subject to terms and conditions on reverse.

S Amvest Osage Inc
OT P.O. Box 970
LO Skiatook OK 74070
D

348198

8/31/2008

Page: 1

Customer Order No. PENSE MONTGOMERY CO, KS
Location or Shipped To KNISLEY 32-6
Well Name and No.

Work Order No. 129657
Job No. 34H0808648

HORZ-DRILLING-PKG	\$8,700.00	4.00	\$34,800.00
COMPUTER SVCS	\$500.00	1.00	\$500.00
INSTRUMENTATION BATTERY	\$600.00	3.00	\$1,800.00
MOTOR INSPECTION	\$850.00	2.00	\$1,700.00
R/T MILEAGE	\$2.50	1,760.00	\$4,400.00
FLOAT SALE	\$650.00	2.00	\$1,300.00
SATELLITE SVCS	\$150.00	4.00	\$600.00
GAIN TOOL	\$1,000.00	2.00	\$2,000.00
DIS #12861, #12847	\$1,575.10	1.00	\$1,575.10
WILSON #465	\$937.50	1.00	\$937.50

ACCOUNTING
SEP 10 2008
MAIL TO DATE

Account #	Property	Amount	AFE	SV
11927204	150183	49612.60	44081347	8/08
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

Reviewed by JW 8/19/08
Approved by P.S
Approved by _____
Date Paid _____

VENDOR # 10939
NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

RECEIVED
KANSAS CORPORATION COMMISSION
DEC 04 2008
CONSERVATION DIVISION
WICHITA, KS

Check No. _____

Subtotal	\$49,612.60
Misc	\$0.00
Tax	\$0.00
Credits	\$0.00
Total	\$49,612.60

Terms from Document Date: Net 30



Scientific Drilling

Scientific Drilling International, Inc.

Corporate Headquarters
1100 Rankin Road • Houston, Texas 77073
Tel: 281-443-3300 • Fax: 281-443-3311

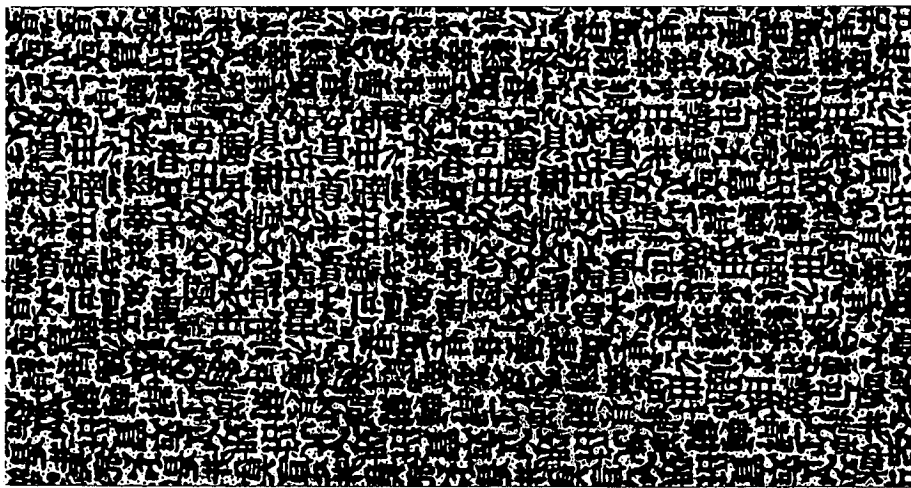
WORK ORDER _____
PAGE 1 OF 1

CUSTOMER NAME & BILLING ADDRESS:		SDI CUSTOMER:	CUSTOMER P.O. / AFE
Amvest-Constellation		130034	JOB NUMBER 34H0808648
P.O. Box 970		JOB START 11 Aug 08 TIME 0900	
Skiatook, Oklahoma 74070		JOB END 14 Aug 08 TIME 2400	
CUSTOMER WELL NAME & NUMBER		RIG NAME AND NUMBER	THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE WHEREOF INCLUDING THOSE LIMITING WARRANTIES. I CERTIFY THAT THE ABOVE SERVICES AND/OR EQUIPMENT HAVE BEEN RECEIVED IN SATISFACTORY MANNER. x <u>[Signature]</u> SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
Knisley 31-3 32-6		Pense	
CITY	COUNTY	STATE	
Montgomery Co., KS			

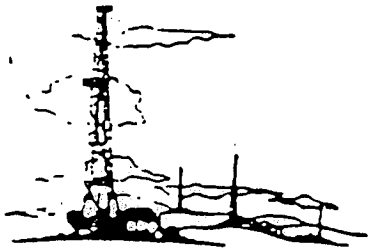
ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		HORIZONTAL DRILLING PACKAGE*			8,700.00	4	DAY	34,800.00
		<i>Includes 2 Supervisors, Living Expenses, Misc. Subs, NMDC Downhole Motors, E-Field System w/Operators, L-I-H Coverage</i>						
		Stand By Charges			5,250.00		day	
		Computer Services			500.00	1	well	500.00
		Long Wire E-Field (1st Day)			4,000.00		day	
		Long Wire E-Field (each additional day)			1,000.00		day	
		Instrumentation Battery Charge			600.00	3	each batt	1800.00
		Motor Inspection			850.00	2	tool	1700.00
		End Of Well Books (over 4)			100.00		each	
		Gamma Logs (Over 4)			50.00		each	
		Mileage: Man/Mile Round Trip			2.50		mile	4400.00
		Floats (Sale Item)			650.00	2	each	1300.00
		Smart Motor Charge			2,500.00		day	
		Satelite Internet Service			150.00	4	day	600.00
		Gain Tool			1000.00	2	day	2,000.00
		INSPECTION-DIS#12861/12847						1575.10
		WILSON # 465						937.50

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KANSAS CORPORATION COMMISSION
DEC 04 2008
CONSERVATION DIVISION
WICHITA, KS

NOTE: TRUCKING, INSPECTION, REPAIRS AND ANY THIRD PARTY CHARGES TO FOLLOW



TAX CODE	SUB-TOTAL	47,100.00
	STATE SALES TAX	
50	LOCAL SALES TAX	
	TOTAL INVOICE AMT.	49612.60
SDI FIELD REPRESENTATIVE		
<u>[Signature]</u>		
SDI DISTRICT MANAGER		
<u>[Signature]</u>		
DIRECTIONAL COMPANY		



DRILTECH

Inspection Services

INSPECTION REPORT

Date: 8-15-2008

Customer: Sprint

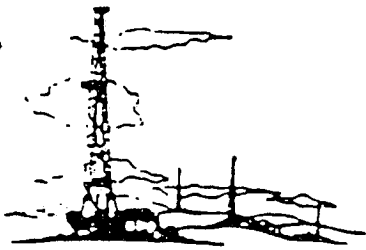
[Signature]

	SERIAL NO.	TYPE	PIN	BOX	COMMENTS		
X1	121-155	Dml Collet	3/4TF	OK	3/4TF	OK	4 3/4 x 2 3/4
X2	121-139	Dml Collet	3/4TF	↓	3/4TF	↑	4 3/4 x 2 3/4
X3	69-029	Cas ID	3/4TF	OK	3/4TF	↑	4 3/4 x 2 3/4
X4	17-047	Hd n/d	3/4TF	Cracked	3/4TF	↓	4 3/4 x 2 3/4
*5	8-393	Submit	3/4TF	OK	3/4TF	↓	4 1/16 x 2 3/4
6	SNI-420	Hd n/d	3/4TF	OK	3/4TF	OK	4 1/16 x 2 3/8
7							
8							
9							
10			NOTE: SNI-8-393 is a Frasonic inspection tool.				
11							
12							
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RECEIVED
KANSAS CORPORATION COMMISSION

DEC 04 2008

CONSERVATION DIVISION
WICHITA, KS



DRILTECH

Inspection Services

INSPECTION REPORT

Date: 12-04-08

Customer: Scipon

118

	SERIAL NO.	TYPE	PIN	BOX	COMMENTS	
X1	21-063	WIKOIR	3/4TF	OK	3/4TF	OK
X2	21-154	WIKOIR	3/4TF	↑	3/4TF	OK
X3	17-047	WIKOIR	3/4TF	↑	3/4TF	OK
X4	8-209	Subsea	3/4TF	↓	3/4TF	OK
X5	69-098	2340	3/4TF	↓	3/4TF	OK
6	5-123	Float	3/4TF	OK	3/4TF	OK
7	OKC-123					
8						
9						
10			NOTE: SW-8-209, 11/7 Pressure Test OK			
11						
12						
13						
14						
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34						
35						

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 KANSAS CORPORATION COMMISSION
 DEC 04 2008
 CONSERVATION DIVISION
 WICHITA, KS

Wilson Hotshot
PO BOX 353
HOLLIS, OK 73550



HOTSHOT

Date 8/21/2008
Invoice # 465

Bill To
SCIENTIFIC DRILLING
401 S EAGLE LANE
OKLAHOMA CITY, OK 73128

Ship To
KNISLEY 32-PENSE RIG
MONTGOMERY COUNTY, KS
P.U: SCIENTIFIC DRILLING
OKLAHOMA CITY, OK

P.O. #		Rep	AI	Ship Date	8/11/2008
Terms	Net 30	Ship Via	1		

Item	Qty	Description	Price	Amount
MILES	250	STRING TOOLS, SMART MOTOR	3.75	937.50

TICKET: 2188

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KANSAS CORPORATION COMMISSION

DEC 04 2008

CONSERVATION DIVISION
WICHITA, KS

THANKS FOR YOUR BUSINESS

Wilson Hotshot
anita-wilson@hotmail.com

580-497-7670

Total	\$937.50
Payments/Credits	\$0.00
Balance Due	\$937.50



Scientific Drilling
International, Inc.

421 South Eagle Lane
Oklahoma City, OK 73128

DRILLING MOTOR RENTAL SUMMARY

No. _____

CUSTOMER CONSTELLATION
WELL NAME & NO. KNISLEY 32-6
LOCATION MONTGOMERY Co., KS

DATE 8-14-08
SDI JOB NO. 3480808648
SDI W.O. NO. 129657

RENTAL OF	TOOL NO.	DATE(S) RUN	DEPTH IN	DEPTH OUT	TOTAL HOURS IN HOLE	DRLG. AND CIRC. HOURS	CHARGES
4 3/4 ADJ EXT. PDM	4248	8-12	651	1283	19.8	10	
4 3/4 7:8 2.2 PDM	4220	8/13-8/14	1283	2543	30.92	21.67	
DAILY BASE RENTAL	TOOL NO.	FROM (DATE)	TO (DATE)	TOTAL DAYS	@ \$	PER DAY	CHARGES
STANDBY CHARGES	TOOL NO.	FROM (DATE)	TO (DATE)	TOTAL DAYS	@ \$	PER DAY	CHARGES

TOTAL RENTAL CHARGES _____

TYPE OF DRILLING FLUID _____

RECEIVED
KANSAS CORPORATION COMMISSION

THIS IS NOT AN INVOICE

DEC 04 2008

COMMENTS _____

CONSERVATION DIVISION
WICHITA, KS

SIGNED BY: _____
SDI REPRESENTATIVE

AUTHORIZED BY: _____
CUSTOMER REPRESENTATIVE



Scientific Drilling Scientific Drilling International, Inc.

Corporate Headquarters
1100 Rankin Road • Houston Texas 77073
Tel: 281-443-3300 • Fax 281-443-3311

Remit to:
P.O. Box 200195
Houston, Texas 77216-0195

INVOICE

130034

Subject to terms and conditions on reverse.

S Amvest Osage Inc
OT P.O. Box 970
LO Skiatook OK 74070
D



348472

9/24/2008

Page: 1

Customer Order No.
Location or Shipped To **PENSE** MONTGOMERY CO, KS
Well Name and No. **KNISLEY 32-6**

Work Order No. 129657A
Job No. 34H0808648

ADD BILL WO#129657 INV#348198
GRAND #57855 #57885

\$0.00 1.00 \$0.00
\$270.00 1.00 \$270.00

Account #	Property	Amount	AFE	SV
1927204	50183	270.00	44081347	9/08
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

VENDOR # 10939
NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Reviewed by [Signature]
Approved by [Signature]
Approved by _____
Date Paid _____
Check No. _____

MAIL TO DATE
SEP 30 2008
ACCOUNTING

RECEIVED
KANSAS CORPORATION COMMISSION
DEC 04 2008
CONSERVATION DIVISION
WICHITA, KS

Subtotal	\$270.00
Misc	\$0.00
Tax	\$0.00
Credits	\$0.00
Total	\$270.00

Terms from Document Date: Net 30



Scientific Drilling

Scientific Drilling International, Inc.

Corporate Headquarters
1100 Rankin Road • Houston, Texas 77073
Tel: 281-443-3300 • Fax: 281-443-3311

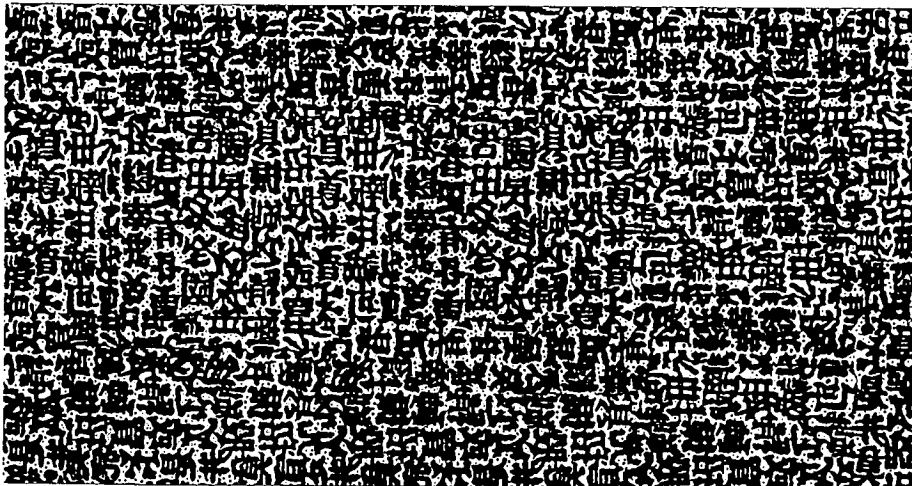
WORK ORDER 129657A

PAGE _____ OF _____

CUSTOMER NAME & BILLING ADDRESS:		SDI CUSTOMER :	CUSTOMER P.O. / AFE	
Amvest-Constellation		130034	JOB NUMBER 34H0808648	
P.O. Box 970		JOB START 8-11-8		TIME
Skiatook, Oklahoma 74070		JOB END 8-14-8		TIME
CUSTOMER WELL NAME & NUMBER Knisley 32-6		RIG NAME AND NUMBER Pense		THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE WHEREOF INCLUDING THOSE LIMITING WARRANTIES. I CERTIFY THAT THE ABOVE SERVICES AND/OR EQUIPMENT HAVE BEEN RECEIVED IN SATISFACTORY MANNER. X _____ SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
CITY	COUNTY	STATE	LEASE OR BLOCK	
Montgomery Co., KS				

ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		ORIGINAL INVOICE # 348198						
		REPAIR-GRAND # 57955 / 57885						270.-
RECEIVED KANSAS CORPORATION COMMISSION DEC 04 2008 CONSERVATION DIVISION WICHITA, KS								

NOTE: TRUCKING, INSPECTION, REPAIRS AND ANY THIRD PARTY CHARGES TO FOLLOW



TAX CODE	SUB-TOTAL	270.-
	STATE SALES TAX	
	LOCAL SALES TAX	
	TOTAL INVOICE AMT.	270.-
SDI FIELD REPRESENTATIVE		
SDI DISTRICT MANAGER <i>Donald Jh</i>		
DIRECTIONAL COMPANY		

GRAND MACHINE, INC.

REMIT TO:
P. O. Box 96692
Oklahoma City, Oklahoma 73143
(405) 677-5725

TERMS: NET CASH, 30 DAYS. 1 1/2% ON PAST DUE ACCOUNTS

SOLD TO		LEASE AND WELL NUMBER	
SCIENTIFIC DRILLING INTERNATIONAL 421 S EAGLE LANE OKC,OK 73128		SHIPPED TO ORDERED BY	
		CUSTOMER AND STORE NUMBER	
CUSTOMER ORDER NUMBER	DATE ORDERED	INVOICE DATE	INVOICE NUMBER
142	8-16-08	8-29-08	57855
QUANTITY	DESCRIPTION		AMOUNT

S D I 426 (1)	4 3/4 FLOAT SUB	
DMT BCX & PIN (2)	@\$90.00	\$180.00

TOTAL \$180.00

RECEIVED
KANSAS CORPORATION COMMISSION

DEC 04 2008

CONSERVATION DIVISION
WICHITA, KS

GRAND MACHINE, INC.

REMIT TO:
P. O. Box 96692
Oklahoma City, Oklahoma 73143
(405) 677-5725

TERMS: NET CASH, 30 DAYS. 1 1/2% ON PAST DUE ACCOUNTS

SOLD TO		LEASE AND WELL NUMBER	
SCIENTIFIC DRILLING INTERNATIONAL 421 S EAGLE L ANE OKC,OK. 73128		SHIPPED TO	
		CUSTOMER AND STORE NUMBER	
CUSTOMER ORDER NUMBER 156	DATE ORDERED 8-22-08	INVOICE DATE 8-31-08	INVOICE NUMBER 57385
QUANTITY	DESCRIPTION		AMOUNT
648	17 047 (1) 4 3/4 PUP COLLAR CRACKED PIN		\$90.00

TOTAL

\$90.00

RECEIVED
KANSAS CORPORATION COMMISSION

DEC 04 2008

CONSERVATION DIVISION
WICHITA, KS



Scientific Drilling

Scientific Drilling International, Inc.

Corporate Headquarters
1100 Rankin Road • Houston, Texas 77073
Tel: 281-443-3300 • Fax: 281-443-3311

WORK ORDER _____
PAGE 1 OF 1

CUSTOMER NAME & BILLING ADDRESS:		SDI CUSTOMER:	CUSTOMER P.O. / AFE
Amvest-Constellation		130034	
P.O. Box 970		JOB NUMBER 34H0808648	
Skiatook, Oklahoma 74070		JOB START 11 Aug 08 TIME 0900	
		JOB END 14 Aug 08 TIME 1400	
CUSTOMER WELL NAME & NUMBER Knisley 31-3 32-6		RIG NAME AND NUMBER Pense	THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE WHEREOF INCLUDING THOSE LIMITING WARRANTIES. I CERTIFY THAT THE ABOVE SERVICES AND/OR EQUIPMENT HAVE BEEN RECEIVED IN SATISFACTORY MANNER. X <u>[Signature]</u> SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
CITY	COUNTY	STATE	
Montgomery Co., KS			
		LEASE OR BLOCK	

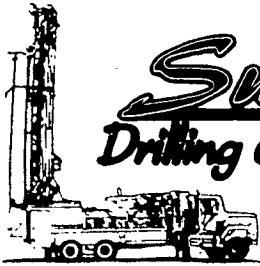
ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		HORIZONTAL DRILLING PACKAGE*			8,700.00	4	DAY	34,800. ⁰⁰
		<i>Includes 2 Supervisors, Living Expenses, Misc. Subs, MDC Downhole Motors, E-Field System w/Operators, L-I-H Coverage</i>						
		Stand By Charges			5,250.00		day	
		Computer Services			500.00	1	well	500. ⁰⁰
		Long Wire E-Field (1st Day)			4,000.00		day	
		Long Wire E-Field (each additional day)			1,000.00		day	
		Instrumentation Battery Charge			600.00	3	each batt	1800. ⁰⁰
		Motor Inspection			850.00	2	tool	1700. ⁰⁰
		End Of Well Books (over 4)			100.00		each	
		Gamma Logs (Over 4)			50.00		each	
		Mileage: Man/Mile Round Trip			2.50		mile	
		Floats (Sale Item)			650.00	1760	each	4400. ⁰⁰
		Smart Motor Charge			2,500.00	2	day	1300. ⁰⁰
		Satelite Internet Service			150.00	4	day	600. ⁰⁰
		Gain Tool			1000.00	2	day	2,000. ⁰⁰
		INSPECTION - DIS # 12461/12847						1575.10
		WILSON # 465						937.50

RECEIVED
KANSAS CORPORATION COMMISSION
DEC 04 2008
CONSERVATION DIVISION
WICHITA, KS

NOTE: TRUCKING, INSPECTION, REPAIRS AND ANY THIRD PARTY CHARGES TO FOLLOW

ACCT. CODE	OPERATOR	EMPL. #	DAYS	215 AMOUNT	216 OBP	TAX CODE	SUB-TOTAL	
								47,100. ⁰⁰
								STATE SALES TAX
								LOCAL SALES TAX
								TOTAL INVOICE AMT. 49612.60
								SDI FIELD REPRESENTATIVE
								SDI DISTRICT MANAGER
								DIRECTIONAL COMPANY

DISTRICT



Smith
Drilling Company

Dewey,
OK

OCT 23 2008

7396

396871 West 1063 Way - Dewey, OK 74029
Home: 918-534-1020 - Mobile: 918-534-7707

CONSTELLATION ENERGY

KNISLEY LEASE

OCT. 22, 2008

Well # 32-6

2nd set over

10/20 Move over-set over hole

rig up 12 hrs.

\$4200.00

New tri cone bit 3 7/8"

577.00

Total due

\$4777.00

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DEC 04 2008

CONSERVATION DIVISION
WICHITA, KS

*Thank you
for your business!*



Account #	Property	Amount	AFE	SV
0927204	E0183	4777.00	44081342	10/08
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

[Handwritten signature]

VENDOR # 10537

Upon Receipt

NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE



Smith
Drilling Company

*Dewey,
OK*

396871 West 1063 Way – Dewey, OK 74029
Home: 918-534-1020 – Mobile: 918-534-7707

CONSTELLATION ENERGY

KNISLEY LEASE

OCT. 22, 2008

Well # 32-6

DRILLERS COMMENTS

Spud date 10-20-08

Move over, set over hole, rig up

Rig time 12 hrs.

New tri cone bit 3 7/8"

Blowed hole 400,600,800,900,1000

Tag stage tool plug 1050

Drilled out plug

Went down 1080

Pulled pipe, move rig

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CONSERVATION DIVISION
WICHITA, KS



Scientific Drilling

Scientific Drilling International, Inc.
 Corporate Headquarters
 1100 Rankin Road • Houston Texas 77073
 Tel: 281-443-3300 • Fax 281-443-3311

Remit to:
 P.O. Box 200195
 Houston, Texas 77216-0195

INVOICE

130034

Subject to terms and conditions on reverse.

OCT 30 2008

Amvest Osage Inc
 P.O. Box 970
 Skiatook OK 74070

349781

10/28/2008

Page: 1

Customer Order No. **PENSE** OSAGE CO, OK
 Location or Shipped To **KNISLEY 32-6**
 Well Name and No.

Work Order No. 129657B
 Job No. 34H0808648

ADD-BILL-WO#129657-INV #348198 EASLEY #2571	\$0-00 \$550.00	1-00 1.00	\$0:00 \$550.00										
<table border="1"> <thead> <tr> <th>Account #</th> <th>Property</th> <th>Amount</th> <th>AFE</th> <th>SV</th> </tr> </thead> <tbody> <tr> <td>1927204</td> <td>150183</td> <td>550.00</td> <td>4081347</td> <td>10/08</td> </tr> </tbody> </table>	Account #	Property	Amount	AFE	SV	1927204	150183	550.00	4081347	10/08	<p>Reviewed by <u>JW K.../5</u> Approved by <u>D.S</u> Approved by _____ Date Paid _____ Check No. _____</p>		
Account #	Property	Amount	AFE	SV									
1927204	150183	550.00	4081347	10/08									
<p>VENDOR # <u>10939</u> NSE 985 <u>CLF 977</u> MCO5 985 IMMEDIATE OVERNITE</p> <p>MAIL TO DATE NOV 06 2008 ACCOUNTING</p>	<p>RECEIVED KANSAS CORPORATION COMMISSION DEC 04 2008 CONSERVATION DIVISION WICHITA, KS</p>												
<p>Terms from Document Date: Net 30</p>	<table border="1"> <tr> <td>Subtotal</td> <td>\$550.00</td> </tr> <tr> <td>Misc</td> <td>\$0.00</td> </tr> <tr> <td>Tax</td> <td>\$0.00</td> </tr> <tr> <td>Credits</td> <td>\$0.00</td> </tr> <tr> <td>Total</td> <td>\$550.00</td> </tr> </table>			Subtotal	\$550.00	Misc	\$0.00	Tax	\$0.00	Credits	\$0.00	Total	\$550.00
Subtotal	\$550.00												
Misc	\$0.00												
Tax	\$0.00												
Credits	\$0.00												
Total	\$550.00												

Easley Communications

320 East Wyandotte
 McAlester, OK 74501

Invoice

Date	Invoice #
9/19/2008	2571

Bill To
Scientific Drilling 421 S. Eagle Ln. Oklahoma City, OK 73128

P.O. No.	Terms	Project

Qty	Description	Rate	Amount
	Kinsley 32-6 Pense Bro 24 Job # 34H0808648		
1	Rig Up 8-11-08	150.00	150.00
5	Communications 8-11-08 thru 8-15-08 Internet	50.00	250.00
1	Rig Down 8-15-08	150.00	150.00

We at Easley Communications would like to thank you for your business. We value the relationship we have built with you and your continued business is important to us. Please let us know if there is anything we can do to better service your account.

Subtotal	\$550.00
Sales Tax (9.0%)	\$0.00
Total	\$550.00
Payments/Credits	\$0.00
Balance Due	\$550.00

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DEC 04 2008
 CONSERVATION DIVISION
 WICHITA, KS



Scientific Drilling

Scientific Drilling International, Inc.

Corporate Headquarters
1100 Rankin Road • Houston, Texas 77073
Tel: 281-443-3300 • Fax: 281-443-3311

129657

WORK ORDER _____
PAGE 1 OF 1

CUSTOMER NAME & BILLING ADDRESS: Amvest-Constellation		SDI CUSTOMER: 130014	JOB NUMBER 34H0808648	CUSTOMER P.O. / AFE
P.O. Box 970		JOB START <u>11 Aug 08</u> TIME <u>0900</u>		
Skiatook, Oklahoma 74070		JOB END <u>14 Aug 08</u> TIME <u>2400</u>		
CUSTOMER WELL NAME & NUMBER Knisley 31-3 <u>32-6</u>		RIG NAME AND NUMBER Pense		THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE WHEREOF INCLUDING THOSE LIMITING WARRANTIES. I CERTIFY THAT THE ABOVE SERVICES AND/OR EQUIPMENT HAVE BEEN RECEIVED IN SATISFACTORY MANNER. X _____ SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
CITY Montgomery Co., KS	COUNTY STATE	LEASE OR BLOCK		

ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		HORIZONTAL DRILLING PACKAGE* <small>Includes 2 Supervisors, Living Expenses, Misc. Subs, MDC Downhole Motors, E-Field System w/Operator, B, L-I-H Coverage</small>			8,700.00	4	DAY	34,800. ⁰⁰
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		Gamma Logs (Over 4)			50.00		each	
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		Smart Motor Charge			2,500.00		day	
		Satellite Internet Service			150.00	4	day	600. ⁰⁰
		Gain Tool			1000.00	2	day	2,000. ⁰⁰
		INSPECTION-DIS#12461/12447						1575.10
		WILSON# 465						737.50

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WICHITA, KS

NOTE: TRUCKING, INSPECTION, REPAIRS AND ANY THIRD PARTY CHARGES TO FOLLOW

ACCT. CODE	OPERATOR	EMPL. #	DAYS	215 AMOUNT	216 OBP	TAX CODE	SUB-TOTAL
	pay sheet attached						47,100. ⁰⁰
				34,204	161		737.50
	34-204-112			100.-			TOTAL INVOICE AMT. 49612.60
	34-204-112			17400.-			SDI FIELD REPRESENTATIVE
	34-204-110			15300.-			SDI DISTRICT MANAGER
	34-204-111			9500.-			
	34-204-114			1300.-			
	34-204-165			2175.10			DIRECTIONAL COMPANY
	34-204-115			2000.-			

DISTRICT