

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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
Name: Smith Drlg. Co. (vert. to KOP) / Pense Bros. Drlg. Co. (horizontal section)
Wellsite Geologist: Rodney Tate

Purchaser: CEP Mid-Continent LLC
Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover _____
_____ Oil _____ SWD _____ SIOW _____
_____ Gas _____ ENHR _____ SIGW _____
 CM (Coal Bed Methane) _____ Temp. Abd. _____
_____ Dry _____ Other Horizontal drill
(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.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
12-04-08 12-05-08 12/23/08
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 ¹²⁵ 31834-01-00
Spot Description: _____
_____ NE SW SW Sec. 3 Twp. 34 S. R. 14 East West
830 872 Feet from North / South Line of Section
1.240 1226 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner: *Per correct Col all in eye*
 NE NW SE SW
County: Montgomery
Lease Name: KAMINSKA Well #: 3-6
Field Name: Cherokee Basin Coal Area
Producing Formation: Rowe Coal
Elevation: Ground: 852' Kelly Bushing: _____
Total Depth: 1,115' Plug Back Total Depth: 3,355'
Amount of Surface Pipe Set and Cemented at: 45 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1,378'
feet depth to: surface w/ 150 sx cmt.

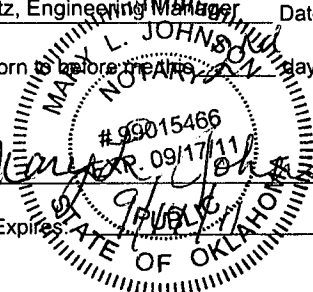
Drilling Fluid Management Plan Air II NCR 4-24-09
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

Per tellog 4/20/09

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: _____
Title: David F. Spitz, Engineering Manager Date: 04-02-09
Subscribed and sworn to before me this April day of 2009.
Notary Public: _____
Date Commission Expires: _____



KCC Office Use ONLY

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

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APR 06 2009
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Operator Name: CEP Mid-Continent LLC Lease Name: KAMINSKA Well #: 3-6
 Sec. 3 Twp. 34 S. R. 14 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 checked="" type="checkbox"/> Yes <input 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, Dual Induction Resistivity, Gamma Ray	<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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Nuyaka Creek</td> <td>875.6'</td> <td>-23.6'</td> </tr> <tr> <td>Higginsville</td> <td>959.9'</td> <td>-107.9'</td> </tr> <tr> <td>Little Osage</td> <td>992.8'</td> <td>-140.8'</td> </tr> <tr> <td>Oswego</td> <td>1,002.3'</td> <td>-150.3'</td> </tr> <tr> <td>Mulky Shale</td> <td>1,026.1'</td> <td>-174.1'</td> </tr> <tr> <td>Iron Post</td> <td>1,050.5'</td> <td>-198.5'</td> </tr> <tr> <td>Rowe</td> <td>1,401'</td> <td>-549'</td> </tr> </table>	Name	Top	Datum	Nuyaka Creek	875.6'	-23.6'	Higginsville	959.9'	-107.9'	Little Osage	992.8'	-140.8'	Oswego	1,002.3'	-150.3'	Mulky Shale	1,026.1'	-174.1'	Iron Post	1,050.5'	-198.5'	Rowe	1,401'	-549'
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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#	45'	Class "A"	15	Neat
Production	6-3/4"	4-1/2"	10.5#	1,378'	Class "A"	150	80# Pheno, 700# gel, 1500# Kol-seal
Pre-perf. Liner		3-1/2"	9.3#	3,355'			1100# salt, 150# metso, 38# diacel

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				

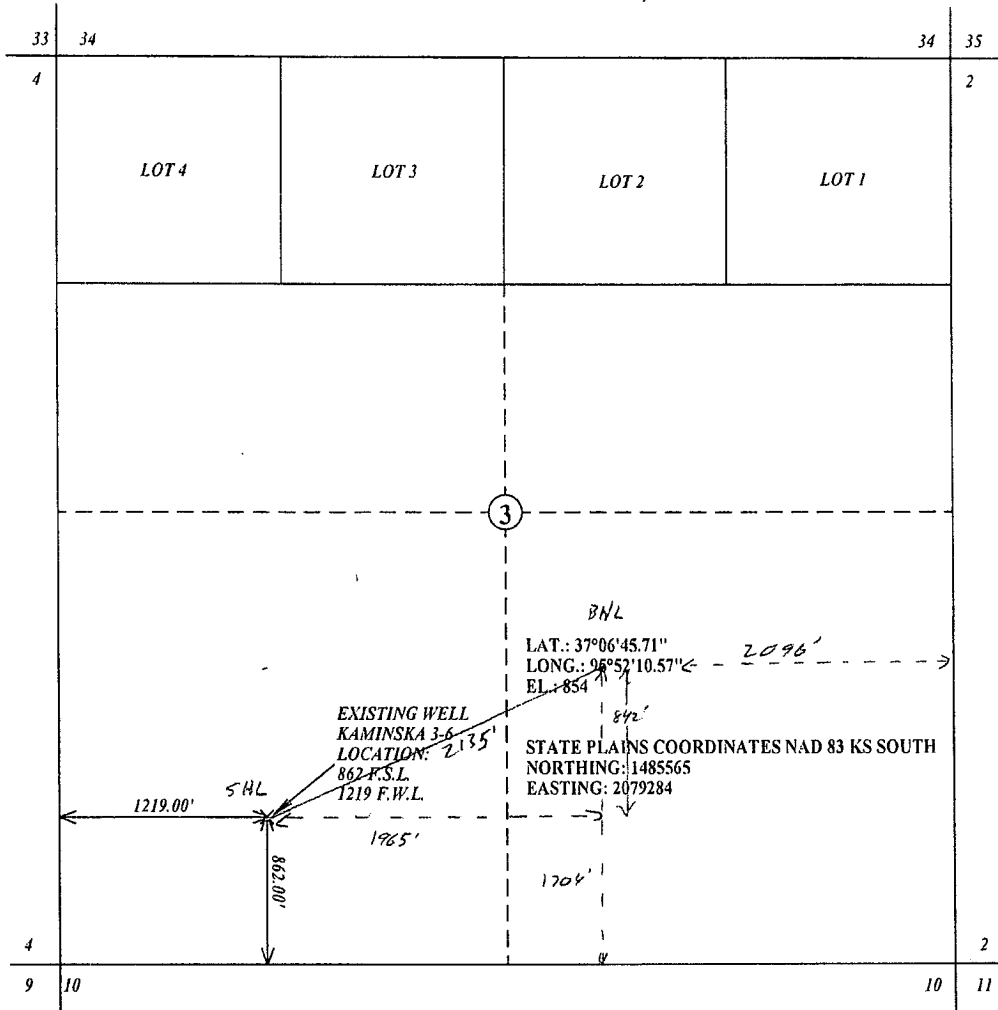
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
	None		

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TUBING RECORD:	Size: <u>2-3/8"</u>	Set At: <u>1,451'</u>	Packer At:	Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>03-18-09</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" 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 <u>88</u>	Water Bbls. <u>14</u>	Gas-Oil Ratio <u> </u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 checked="" type="checkbox"/> Other (Specify) <u>Horizontal well</u>	PRODUCTION INTERVAL: _____ _____
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**WELL LOCATION
NON-STANDARD SECTION 3,
T-34-S, R-14-E, P.M.
MONTGOMERY COUNTY, KANSAS**



This well location represents a well site and does not represent a boundary survey. This site was located in accordance with the Laws of the State of Kansas and this sketch shows the results of this well location. This well location has been very carefully located on the ground according to the latest survey records, maps and topos available to us, but its accuracy is not guaranteed. Review this well location and notify Commercial Land Surveys, Inc., immediately of any discrepancy.

SCALE 1" = 1000'

1/8" = 66'


BHL: 1704' FSL + 2096' FEL

ACTUAL

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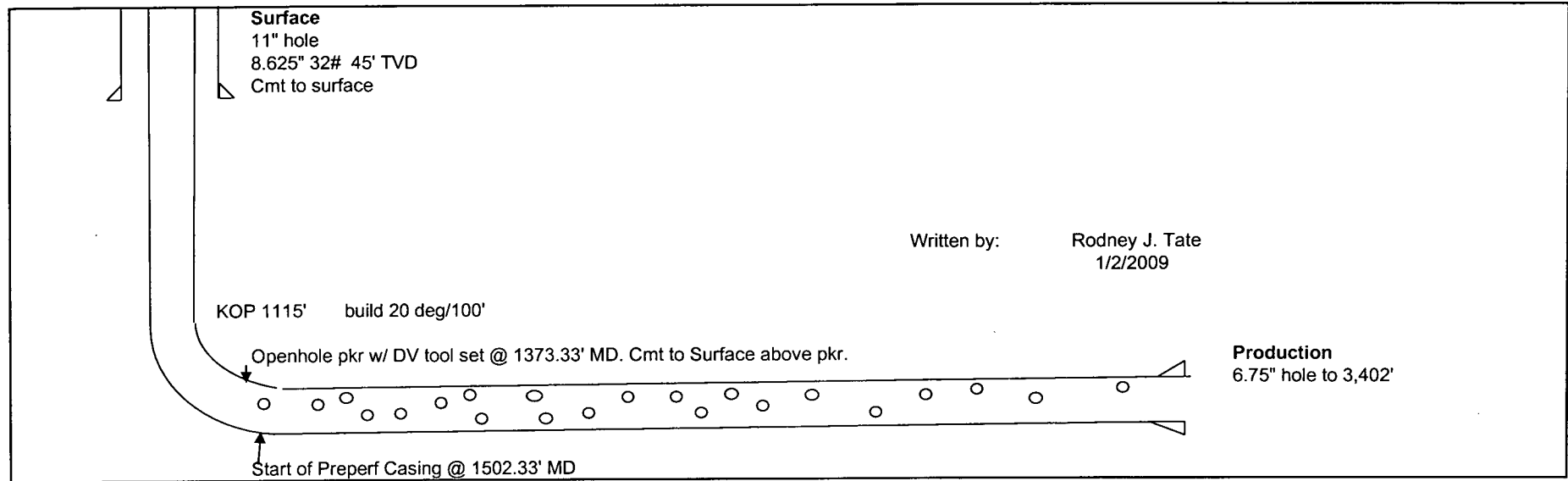
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SCALE 1" = 1000' 1053	DATE 09/25/08	 <p>580-759-3886 RT 2 BOX 191B STRATFORD, OK 74872</p>	FOR: CEP MID-CONTINENT, LLC 15 WEST 6TH STREET 14TH FLOOR TUSLA, OK 74119-5415
SHEET 1 OF 1	DATE REVISED 12/15/08		
DRAWN BY: D.L.	PROJECT# CLS-08-3299		ORDERED BY: RODNEY TATE 1/2/08 Actual
CHECKED BY: F.W.D	DATE OF SURVEY 09/17/08		

Actual Kaminska 3-6 Wellbore Diagram
 Actual Surface Loc: SW/4 Sec 03 T34S – R14E, Montgomery Co., KS
 Actual Surface Loc: 862' FSL, 1,219' FWL, ELEV 854'
 Actual Bottomhole Loc: SE/4 Sec 03 T34S – R14E
 Actual Bottomhole Loc, Start of Target: 966' FSL, 1,566' FWL Sec 3
 Actual Bottomhole Loc, End of Target: 1,704' FSL, 2,096' FEL Sec 3 Azim 67°
 Actual Lateral Length: 1,782'
 Actual Vertical Section: 2,135'

	Size	Wt	# jts.	Length	MD	TVD
Surface Casing	8.625"	20#	NA	45.00	45.00	45
Production Casing	4.5"	10.5#	41	1,345.33	1,345.33	1,308
Stage Tool	4.5"			2.00	1,347.33	1,310
Ann. Csg. Pkr	4.5"			26.00	1,373.33	1,330
Production Casing	4.5"	10.5#	2	65.58	1,438.91	1,359
4.5" x 3.5" X-over				0.87	1,439.78	1,360
Blank Liner	3.5"	9.3#	2	62.55	1,502.33	1,380
Preperf Liner	3.5"	9.3#	58	1,821.30	3,323.63	1,372
Tapered liner	3.5"			31.10	3,354.73	1,371



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 KANSAS CORPORATION COMMISSION

Scientific Drilling International

Survey Completion Report

Company: Constellation Energy Partners	Date: 12/29/2008	Time: 10:25:25	Page: 1
Field: Montgomery County, KS	Co-ordinate(NE) Reference: Well: Kaminska 3-6, True North		
Site: Section 3 - 34S - 14E	Vertical (TVD) Reference: Kaminska 3-6 857.0		
Well: Kaminska 3-6	Section (VS) Reference: Well (0.00N,0.00E,70.00Azi)		
Wellpath: Original Wellpath	Survey Calculation Method: Minimum Curvature	Db: Sybase	

Survey: Survey #1	Start Date: 12/29/2008	
Company: Scientific Drilling Int'l.	Engineer:	
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 3 - 34S - 14E Sec 3-34S-14E	
Site Position:	Northing: ft Latitude:
From: Lease Line	Easting: ft Longitude:
Position Uncertainty: 0.0 ft	North Reference: True
Ground Level: 0.0 ft	Grid Convergence: 1.62 deg

Well: Kaminska 3-6 Kaminska 3-6	Slot Name:
Well Position: +N/-S 0.0 ft Northing: 1121561.03 ft	Latitude: 36 6 45.700 N
+E/-W 0.0 ft Easting : 2089557.66 ft	Longitude: 95 52 10.600 W
Position Uncertainty: 0.0 ft	

Wellpath: Original Wellpath Original Wellpath Kaminska 3-6	Drilled From: Surface
Current Datum: Kaminska 3-6 Height 857.0 ft	Tie-on Depth: 0.0 ft
Magnetic Data: 9/11/2008	Above System Datum: Mean Sea Level
Field Strength: 51852 nT	Declination: 3.67 deg
Vertical Section: Depth From (TVD)	Mag Dip Angle: 64.84 deg
ft	+N/-S +E/-W Direction
	ft ft deg
0.0	0.0 0.0 70.00

MD ft	Incl deg	Azim deg	TVD ft	N/S ft	E/W ft	VS ft	DLS deg/100ft	CIsD ft	CIsA deg	Comment
0.0	0.00	0.00	0.0	0.0	0.0	0.0	0.00	0.0	0.00	
312.0	0.75	106.97	312.0	-0.6	2.0	1.6	0.24	2.0	106.97	
597.0	0.55	83.73	597.0	-1.0	5.1	4.5	0.11	5.2	101.00	
915.0	1.00	17.05	914.9	1.8	7.4	7.6	0.29	7.6	76.17	
965.0	1.00	20.28	964.9	2.7	7.7	8.2	0.11	8.2	70.98	Higginsville LS
998.0	1.01	22.39	997.9	3.2	7.9	8.5	0.11	8.5	68.02	L Osage SH
1031.0	1.01	24.49	1030.9	3.7	8.1	8.9	0.11	9.0	65.42	Mulky SH
1073.0	1.02	27.12	1072.9	4.4	8.5	9.5	0.11	9.5	62.57	
1105.0	1.14	17.30	1104.9	5.0	8.7	9.9	0.69	10.0	60.32	
1137.0	4.55	74.19	1136.9	5.6	10.0	11.3	12.63	11.5	60.76	
1169.0	12.17	90.68	1168.5	5.9	14.6	15.8	24.72	15.8	67.98	
1193.3	17.97	91.61	1192.0	5.8	20.9	21.6	23.86	21.7	74.58	
1195.2	18.42	91.66	1193.8	5.8	21.5	22.2	23.86	22.3	75.02	Weir Pitt
1200.0	19.56	91.77	1198.3	5.7	23.1	23.6	23.86	23.8	76.10	
1232.0	28.10	89.14	1227.6	5.7	36.0	35.8	26.89	36.4	81.06	
1264.0	36.47	88.33	1254.6	6.1	53.1	51.9	26.19	53.4	83.49	
1296.0	43.08	85.08	1279.2	7.3	73.5	71.5	21.65	73.8	84.35	
1327.0	48.22	80.06	1300.8	10.2	95.4	93.2	20.21	96.0	83.92	
1359.0	53.67	76.51	1321.0	15.2	119.8	117.7	19.08	120.7	82.75	
1391.0	58.51	73.79	1338.9	22.1	145.4	144.2	16.69	147.1	81.37	KANSAS CORPORATION COMMISSION
1423.0	62.61	71.54	1354.6	30.4	172.0	172.0	14.20	174.7	79.98	
1454.0	66.21	70.68	1368.0	39.4	198.4	200.0	11.88	202.3	78.76	APR 06 2009
1486.0	71.75	68.97	1379.4	49.7	226.5	229.8	18.02	231.9	77.61	
1518.0	77.55	67.42	1387.9	61.2	255.1	260.6	18.72	262.3	76.51	RECEIVED

Scientific Drilling International

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 Section (VS) Reference: Well (0.00N,0.00E,70.00Azi)
 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
1549.0	82.28	65.23	1393.3	73.5	283.0	291.1	16.77	292.4	75.45	
1581.0	84.04	63.99	1397.1	87.1	311.7	322.7	6.71	323.7	74.39	
1613.0	84.30	63.28	1400.4	101.2	340.3	354.4	2.35	355.0	73.43	
1614.0	84.39	63.24	1400.5	101.7	341.2	355.4	9.79	356.0	73.41	
1617.9	84.74	63.09	1400.9	103.4	344.6	359.2	9.78	359.8	73.30	Rowe Coal
1620.0	84.93	63.01	1401.1	104.4	346.5	361.3	9.78	361.9	73.24	
1644.0	88.52	60.59	1402.4	115.7	367.6	385.0	18.03	385.4	72.53	
1676.0	90.67	59.89	1402.7	131.6	395.4	416.5	7.07	416.7	71.59	
1708.0	91.55	60.71	1402.0	147.4	423.2	448.1	3.76	448.1	70.79	
1740.0	92.49	61.15	1400.9	163.0	451.1	479.6	3.24	479.6	70.14	
1771.0	92.96	61.43	1399.4	177.8	478.3	510.2	1.76	510.3	69.60	
1803.0	91.55	62.46	1398.2	192.9	506.5	541.9	5.46	542.0	69.15	
1835.0	91.11	62.36	1397.4	207.7	534.8	573.6	1.41	573.7	68.78	
1867.0	91.45	62.02	1396.7	222.6	563.1	605.3	1.50	605.5	68.43	
1898.0	90.54	62.07	1396.2	237.1	590.5	636.0	2.94	636.4	68.12	
1930.0	88.86	62.08	1396.3	252.1	618.8	667.7	5.25	668.2	67.83	
1962.0	88.05	62.54	1397.2	267.0	647.1	699.4	2.91	700.0	67.58	
1993.0	88.22	62.42	1398.2	281.3	674.6	730.1	0.67	730.9	67.36	
2025.0	89.53	62.83	1398.8	296.0	703.0	761.8	4.29	762.8	67.17	
2057.0	90.47	63.12	1398.8	310.6	731.5	793.6	3.07	794.7	67.00	
2089.0	91.01	63.22	1398.4	325.0	760.1	825.4	1.72	826.6	66.85	
2120.0	91.52	63.24	1397.7	339.0	787.7	856.2	1.65	857.6	66.72	
2151.0	90.50	63.70	1397.2	352.8	815.5	886.9	3.61	888.5	66.60	
2183.0	90.44	63.73	1396.9	367.0	844.2	918.8	0.21	920.5	66.50	
2215.0	90.57	62.78	1396.7	381.4	872.7	950.5	3.00	952.4	66.40	
2246.0	90.61	64.88	1396.3	395.0	900.5	981.3	6.78	983.4	66.31	
2278.0	91.25	66.25	1395.8	408.3	929.7	1013.2	4.72	1015.4	66.29	
2310.0	91.01	67.20	1395.2	420.9	959.1	1045.2	3.06	1047.4	66.30	
2341.0	91.14	68.01	1394.6	432.7	987.7	1076.2	2.65	1078.4	66.34	
2373.0	90.07	69.08	1394.3	444.4	1017.5	1108.1	4.73	1110.3	66.40	
2405.0	90.60	69.02	1394.1	455.9	1047.4	1140.1	1.67	1142.3	66.48	
2436.0	90.27	68.74	1393.8	467.0	1076.3	1171.1	1.40	1173.3	66.54	
2468.0	90.37	68.67	1393.7	478.7	1106.1	1203.1	0.38	1205.2	66.60	
2500.0	90.40	69.76	1393.4	490.0	1136.0	1235.1	3.41	1237.2	66.67	
2531.0	91.04	70.54	1393.1	500.5	1165.2	1266.1	3.25	1268.2	66.75	
2563.0	90.13	69.85	1392.7	511.4	1195.3	1298.1	3.57	1300.1	66.84	
2594.0	89.29	68.75	1392.9	522.3	1224.3	1329.1	4.46	1331.1	66.89	
2626.0	88.52	68.85	1393.5	533.9	1254.1	1361.1	2.43	1363.0	66.94	
2658.0	89.46	69.49	1394.1	545.3	1284.0	1393.1	3.55	1395.0	66.99	
2690.0	90.20	69.70	1394.2	556.4	1314.0	1425.1	2.40	1427.0	67.05	
2721.0	91.08	69.52	1393.8	567.2	1343.1	1456.1	2.90	1457.9	67.10	
2753.0	90.54	69.95	1393.4	578.3	1373.1	1488.1	2.16	1489.9	67.16	
2785.0	92.09	69.80	1392.6	589.3	1403.1	1520.1	4.87	1521.9	67.22	
2817.0	92.02	69.50	1391.5	600.5	1433.1	1552.0	0.96	1553.8	67.27	
2849.0	93.10	69.08	1390.1	611.8	1463.0	1584.0	3.62	1585.8	67.31	
2880.0	92.18	68.13	1388.6	623.1	1491.8	1615.0	4.26	1616.7	67.33	
2912.0	91.45	67.54	1387.6	635.1	1521.5	1646.9	2.93	1648.7	67.34	
2944.0	91.55	67.22	1386.8	647.4	1551.0	1678.9	1.05	1680.7	67.34	
2975.0	91.55	67.17	1385.9	659.4	1579.6	1709.8	0.16	1711.7	67.34	
3007.0	91.98	66.63	1384.9	672.0	1609.0	1741.8	2.16	1743.7	67.33	
3039.0	93.33	63.72	1383.5	685.4	1638.0	1773.6	10.02	1775.6	67.29	
3071.0	91.01	65.60	1382.3	699.1	1666.9	1805.5	9.33	1807.5	67.25	

KANSAS CORPORATION COMMISSION

APR 06 2009

RECEIVED

Scientific Drilling International

Survey Completion Report

Company: Constellation Energy Partners
 Field: Montgomery County, KS
 Site: Section 3 - 34S - 14E
 Well: Kaminska 3-6
 Wellpath: Original Wellpath

Date: 12/29/2008 Time: 10:25:25 Page: 3
 Co-ordinate(NE) Reference: Well: Kaminska 3-6, True North
 Vertical (TVD) Reference: Kaminska 3-6 857.0
 Section (VS) Reference: Well (0.00N,0.00E,70.00Azi)
 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
3103.0	92.49	65.56	1381.3	712.3	1696.0	1837.3	4.63	1839.5	67.22	
3134.0	92.99	65.45	1379.8	725.2	1724.2	1868.2	1.65	1870.5	67.19	
3166.0	92.52	65.04	1378.3	738.5	1753.2	1900.1	1.95	1902.4	67.16	
3198.0	91.95	64.56	1377.0	752.2	1782.1	1931.9	2.33	1934.4	67.12	
3229.0	92.29	64.26	1375.9	765.5	1810.1	1962.7	1.46	1965.3	67.08	
3261.0	91.18	63.81	1374.9	779.5	1838.8	1994.6	3.74	1997.2	67.03	
3293.0	92.46	63.67	1373.9	793.7	1867.5	2026.4	4.02	2029.2	66.97	
3325.0	92.69	63.38	1372.4	807.9	1896.1	2058.1	1.16	2061.1	66.92	
3356.0	91.31	63.44	1371.4	821.8	1923.8	2088.9	4.46	2092.0	66.87	
3402.0	89.26	63.53	1371.1	842.3	1965.0	2134.6	4.46	2137.9	66.80	

KANSAS CORPORATION COMMISSION

APR 06 2009

RECEIVED



Scientific Drilling

Constellation Energy Partners

Field: Montgomery County, KS
Site: Section 3 - 34S - 14E
Well: Kaminska 3-6
Wellpath: Original Wellpath
Survey: Survey #1

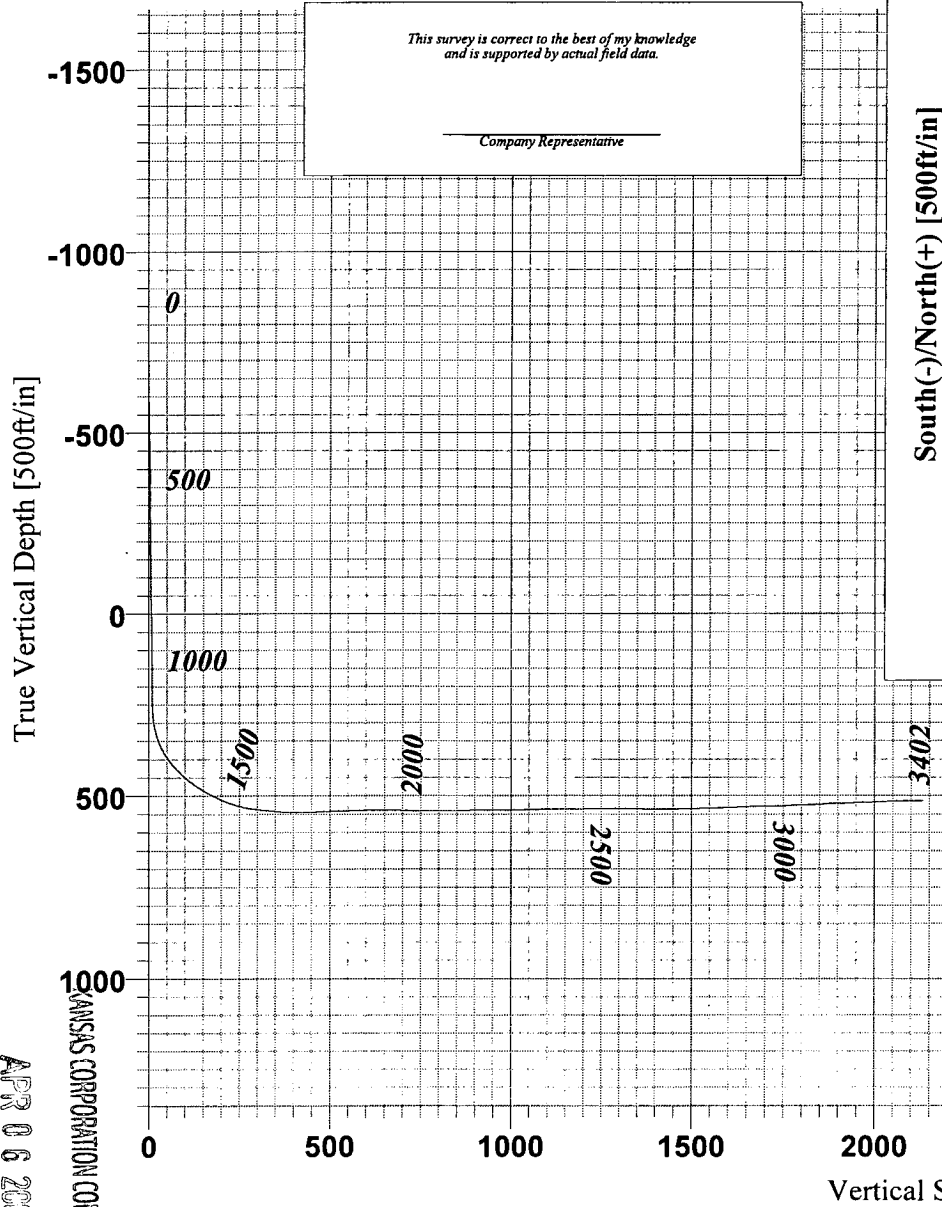


Azimuths to True North
Magnetic North: 3.67°

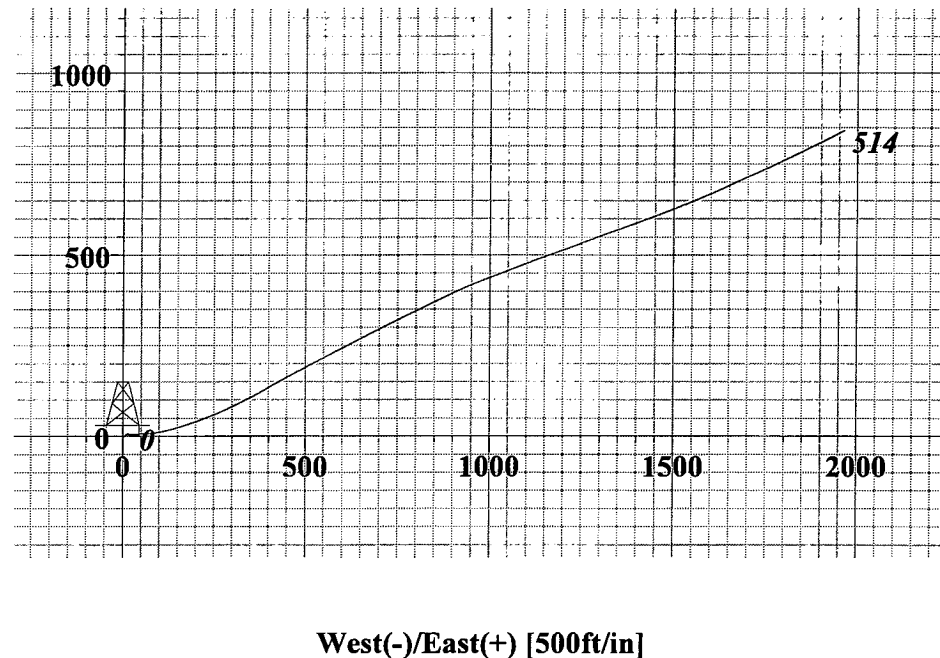
Magnetic Field
Strength: 51852nT
Dip Angle: 64.84°
Date: 9/11/2008
Model: igrf2005

This survey is correct to the best of my knowledge
and is supported by actual field data.

Company Representative



South(-)/North(+) [500ft/in]



Bottom Hole Location from Surface
1371.1' TVD 842.3' North & 1965.0' East
Bottom Hole Vertical Section
3402.0' MD 2134.6 feet @ 70.0 Azimuth

RECEIVED

APR 06 2009

KANSAS CORPORATION COMMISSION



Smith Drilling Company

Dewey,
OK

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

7411

DEC 10 2008

CONSTELLATION ENERGY
MONTGOMERY CO., KS.

KAMINSKA LEASE
WELL #3-6

DEC. 9, 2008
Sec. 3 Twp. 34 Range 14

*Short
string*

Cement job by Mike Smith
used 15 bags

\$2250.00

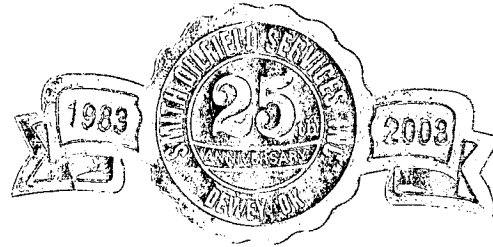
Account #	Property	Amount	AFE	SV
11927208	70104	2250.00	4681488	12/08
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

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

VENDOR # 10537
 NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

*Thank you
for your business!*

AMOUNT
PAID
DEC 9 2008
ACCOUNTING



KANSAS CORPORATION COMMISSION

APR 06 2009

RECEIVED

Terms Due Upon Receipt



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 # 228145

Invoice Date: 12/23/2008 Terms: Page 1

CEP MID-CONTINENT LLC
P.O. BOX 970
SKIATOOK OK 74070
(918)396-0817

RECEIVED
DEC 29 2008
By _____

KAMINSKA 3-6
18484
12/22/08

MAILED
DATE
DEC 29 2008
ACCOUNTING

Long string

Part Number	Description	Qty	Unit Price	Total
L104	CLASS "A" CEMENT	14100.00	.1500	2115.00
L107A	PHENOSEAL (M) 40# BAG)	80.00	1.1500	92.00
L118B	PREMIUM GEL / BENTONITE	700.00	.1700	119.00
L110A	KOL SEAL (50# BAG)	1500.00	.4200	630.00
L111	GRANULATED SALT (50 #)	1100.00	.3300	363.00
L111A	SODIUM METASILICATE	150.00	1.8000	270.00
L130	RPM	38.00	5.5000	209.00

Description	Hours	Unit Price	Total
419 CEMENT PUMP	1.00	925.00	925.00
419 EQUIPMENT MILEAGE (ONE WAY)	35.00	3.65	127.75
419 CASING FOOTAGE	1378.00	.20	275.60
518 MIN. BULK DELIVERY	1.00	315.00	315.00
PLUG 4 1/2" PLUG CONTAINER	1.00	200.00	200.00

Account # 11927208 Property 70104 Amount 5258.39 AFE 4408148 SV 12/08

Reviewed by *JW*
Approved by *[Signature]*

IMMEDIATE

Approved by _____
Date Paid _____

KANSAS CORPORATION COMMISSION

VENDOR # 100410
NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Check No. _____ APR 06 2009
RECEIVED

Parts:	3798.00	Freight:	.00	Tax:	201.31	AR DISCOUNT	5842.66
Labor:	.00	Misc:	.00	Total:	5842.66		
Sublt:	.00	Supplies:	.00	Change:	.00		

NET 5258.39

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 18484
LOCATION BARTLESVILLE OK
FOREMAN DONNIE TATE

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-22-08	3115	KAMINSKA 3-6				Mont. KS.
CUSTOMER C.E.P.						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
419	JAMES N		
518	JOHN F		

JOB TYPE LS HOLE SIZE 6 3/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 1378' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.1 SLURRY VOL 1.8 WATER gal/sk 9.1 CEMENT LEFT in CASING _____
 DISPLACEMENT 22 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: PUMP PLUG #1 DOWN AND SET FILL PACKER AND SHEAR PINS
TO ESTABLISH CIRC. RUN 15DSX CEP HORIZONTAL MIX. SHUT DOWN
WASH OUT PUMP AND LINES AND RELEASE PLUG. DISPLACING 22 BBS
TO SET SHOE
PLUG DOWN @ 120 AM
PSI: 2200
CMT TO SURFACE

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	35	MILEAGE		127.75
5402	1378'	FOOTAGE		275.60
5407	min	BULK TRUCK		315.00
5621	1	4 1/2 PLUG CONTAINER		200.00
1104	150sx/14,100#	CLASS A CMT		2115.00
1107A	2sx/80#	PHENO		92.00
1118B	14sx/700#	GEL		119.00
1110A	30sx/1500#	KOL SEAL		630.00
1111	22sx/1100#	SALT		363.00
1111A	150#	METSO		270.00
1130	38#	DIACEL RPM		209.00
			KANSAS CORPORATION COMMISSION	
			APR 06 2009	
			RECEIVED	
			RECEIVED	

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

#228145

SALES TAX ESTIMATED TOTAL 201.31
5842.66

Smith Drilling Company

5574

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

BILLING INFORMATION

Date Dec. 9 2008

CUSTOMER: CONSTELLATION ENERGY

LEASE: KAMINSKA LEASE MONTGOMERY CO. KS.

WELL #: 3-6
Sec. 3 Twp. 34 Range 14

MANITO
DATE
DEC 11 2008
ACCOUNTING

Quantity	Description	Amount
1115'	Drilled at \$ 10.25 per foot	11428 75
49'	Surface Pipe @\$ 2.50 per foot	122 50
	Sacks Cement @\$ Per sack	
	Bags @ each	
	Pit and Dozer Work	
	@	
7 1/2 hrs.	Hours Rig Time @ 350.00 per hour	2625 00
	per foot	
	Hours Booster	
	Hours Aux	
	Bit Cost Size	
	<i>Thank you for your business!</i>	
TOTAL DUE		14176 25

PLEASE SEND YELLOW COPY WITH PAYMENT

Account # 1927201 Property 70104 Amount 14176.25 AFE 44081488 SV 13/08

[Handwritten signature]

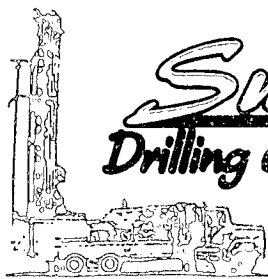
KANSAS CORPORATION COMMISSION

APR 06 2009

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VENDOR # 10537

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

5574

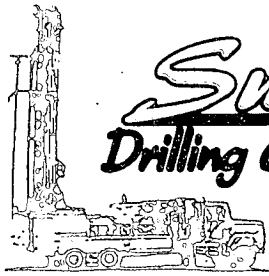
CONSTELLATION ENERGY		KAMINSKA LEASE	DEC. 9, 2008
MONTGOMERY CO., KS.		WELL # 3-6	Sec. 3 Twp. 34 Range 14
0 - 44	Surface	1048 - 1054	Shale
44 - 64	Shale	1054- 1056	Ironpost coal
64 - 73	Lime	1056 - 1060	Sand
73 - 170	Shale	1060 - 1061	Coal
170 - 176	Lime	1061 - 1079	Shale
176 - 262	Sand(wet @213)	1079 - 1080	Crowburg coal
262 - 315	Shale/sandy	1080 - 1085	Shale
315 - 393	Sand	1085 - 1088	Lime
393 - 436	Shale	1088 - 1098	Sand
436 - 440	Lime	1098 - 1115	Shale
440 -508	Sandy shale	1115	Total depth
508 - 634	Shale		
634 - 646	Lime		
646 - 679	Sand(good odor)		
679 - 700	Sandy shale		
700 - 716	Shale		
716 - 729	Lime		
729 - 738	Shale/lime mix		
738 - 748	Lime		
748 - 760	Sand		
760 - 858	Shale		
858 - 882	Lime		
882 - 964	Shale		
964 - 995	Higginsville lime		
995 - 1005	L. osage shale		
1005 - 1028	Lime		
1028 - 1034	Mulky shale		
1034 - 1048	Lime		

KANSAS CORPORATION COMMISSION

APR 06 2009

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Terms Due Upon Receipt



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.

KAMINSKA LEASE
WELL #3-6

DEC. 9, 2008
Sec. 3 Twp. 34 Range 14

DRILLERS COMMENTS

Spud date 12-4-08

Surface hole 49'

Surface pipe 44.5

Cement by Mike Smith 15 bags

964-995 Higginsville lime

995 too much water to test

995-1005 L. osage shale

Gas test @1005 too much water to test

1028-1034 Mulky shale

Gas test @1034 too much water to test

1054-1056 Ironpost coal

Gas test @1056 too much water to test

1079-1080 Crowburg coal

Gas test @1080 too much water to test

Total depth 1115

KANSAS CORPORATION COMMISSION

APR 06 2009

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Scientific Drilling

Scientific Drilling International, Inc.

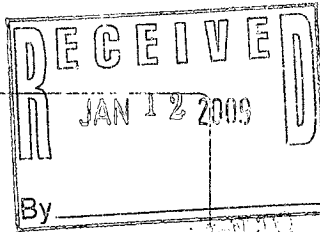
Remit to:
P.O. Box 200195
Houston, Texas 77216-0195

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

INVOICE

130034

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



Subject to terms and conditions on reverse.

351676

12/30/2008

Page: 1

JAN 15 2009
ACCOUNTING

Customer Order No. PENSE 24 MONTGOMERY CO., KS
Customer Property # KAMINSKA 3-6
Customer Account No.

Work Order # 130067
Job No. 34912081058

HORZ DRILLING SVCS	\$8,700.00	4.00	\$34,800.00
COMPUTER SVCS	\$500.00	1.00	\$500.00
INST BATTERY	\$600.00	11.00	\$6,600.00
MOTOR INSP	\$850.00	2.00	\$1,700.00
MILEAGE	\$2.50	1,400.00	\$3,500.00
FLOAT	\$650.00	1.00	\$650.00
SMART MOTOR SVCS	\$3,500.00	3.00	\$10,500.00
DIS #13267	\$744.70	1.00	\$744.70

KANSAS CORPORATION COMMISSION

APR 06 2009

RECEIVED

Reviewed by D.W. [Signature]

Approved by D.S. [Signature]

Applied by _____

Date Paid _____

By _____

Account #	Property	Amount	AFE	SV
1927204	70104	58994.70	44081488	12
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

VENDOR # 1333

NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Subtotal	\$58,994.70
Misc	\$0.00
Tax	\$0.00
Credits	\$0.00
Total	\$58,994.70

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

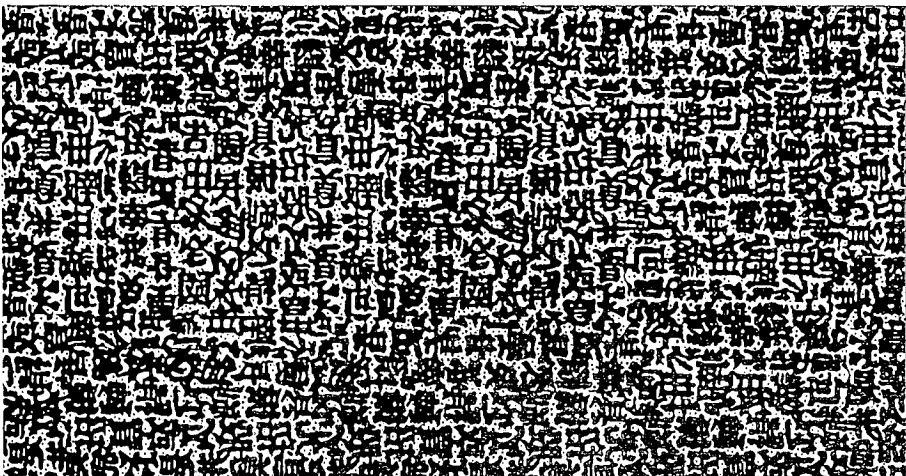
WORK ORDER _____

PAGE 1 OF 1

CUSTOMER NAME & BILLING ADDRESS: Amvest-Constellation		SDI CUSTOMER: 130034	CUSTOMER P.O. / AFE	
P.O. Box 970		JOB NUMBER 34812091038		
Skiatook, Oklahoma 74070		JOB START 19 Dec 08 TIME 0800		
		JOB END 22 Dec 08 TIME 1945		
CUSTOMER WELL NAME & NUMBER Kaminoka 3-6		RIG NAME AND NUMBER Pense 24	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. <input checked="" type="checkbox"/> <i>[Signature]</i> 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
		HORIZONTAL DRILLING PACKAGE* <i>Includes 2 Supervisors, Rigging, Spacers, Blow, Subs, ABC Boomho Motors, E-Field System w/operators, L-I-H Coverage</i>			8,700.00	4	DAY	34,800.⁰⁰
		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	
		Instruction Battery Charge			600.00	11	each bat	6600.⁰⁰
		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	1400	mile	3500.⁰⁰
		Floats (Sale Item)			650.00	1	each	650.⁰⁰
		Smart Meter Charge			3,500.00	3	day	10,500.⁰⁰
		INSPECTION-DIST# 13267						744.70

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



TAX CODE	SUB-TOTAL	58250.-
	STATE SALES TAX	
	LOCAL SALES TAX	
	TOTAL INVOICE AMT.	58994.70

SDI FIELD REPRESENTATIVE
[Signature]
SDI DISTRICT MANAGER
[Signature]

KANSAS CORPORATION COMMISSION

DIRECTIONAL COMPANY
APR 06 2009



Scientific Drilling
International, Inc.

421 South Eagle Lane
Oklahoma City, OK 73128

DRILLING MOTOR RENTAL SUMMARY

No. _____

CUSTOMER CONSTELLATION

DATE 12-22-08

WELL NAME & NO. KAMINSKA 3-6

SDI JOB NO. 34412081058

LOCATION Montgomery County, KS

SDI W.O. NO. 130067

RENTAL OF	TOOL NO.	DATE(S) RUN	DEPTH IN	DEPTH OUT	TOTAL HOURS IN HOLE	DRLG. AND CIRC. HOURS	CHARGES
4 3/4 7.8, 3.8 EXT. ADJ, 2.38	4144	12-09/20	1117	1664	15.58	8.75	
4 3/4 7.8, 2.2 SMART motor	4225	12-20/22	1664	3402	55.44	34.35	
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 _____

THIS IS NOT AN INVOICE

COMMENTS _____

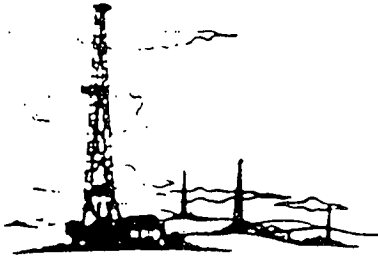
SIGNED BY: _____
SDI REPRESENTATIVE

AUTHORIZED BY: _____
CUSTOMER REPRESENTATIVE

KANSAS CORPORATION COMMISSION

APR 06 2009

RECEIVED



DRILTECH

Inspection Services

INVOICE 13207

1501 N. Euzella Terrace
 Mustang, OK 73064
 (405) 650-9104

Date 12-23 2008

CHARGE TO Spartan Drilling

Rig _____

ADDRESS _____

Location OKC

CITY _____

Customer Norman

RECEIVED BY Unit 101

Tab# 1058

SIZE	CONNECTION	DESCRIPTION	UNIT PRICE	AMOUNT
		Dive Part Inspection		
2	4	Drill Collar 4 3/4" IF	44.35/per	177.40
		Support 4 3/4" IF	"	88.50
		Ceiling 4 3/4" IF	"	88.50
		Pony Drill Collar 4 3/4" IF	44.35/per	88.70
		Support Set Screw 1/2" Dia	8.25/per	16.50
		Ultrasonic Inspection		
1	1	Support 4 3/4" IF	150.70/per	150.70
		Magnetic Particle Insp		
1	2	Flange 4 3/4" IF	22.35/per	44.70
		Refacing		
	3	Flgs 13	15.20/per	45.60
	3	Flgs 13	15.20/per	45.60
		TOTAL		744.70

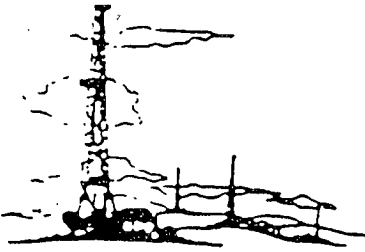
Received the above service or materials and we hereby agree that DRILTECH Inspection Services is not liable for damages, injuries or loss of any nature resulting directly or indirectly from their service.

Terms: NET 30 DAYS

KANSAS CORPORATION COMMISSION

APR 06 2009

RECEIVED



DRILTECH

Inspection Services

INSPECTION REPORT

Date: 12-23-2008

Customer: Sprint

Job # 1058

	SERIAL NO.	TYPE	PIN	BOX	COMMENTS
#1	21-031	Drill Collar	3/8" ID	3/8" ID	4 5/8 x 2 3/4
#2	21-121	Drill Collar	3/8" ID	3/8" ID	4 3/4 x 2 3/4
#3	8-483	Support	3/8" ID	3/8" ID	4 1/16 x 2 3/4
#4	69-405	Caldo	3/8" ID	3/8" ID	4 1/16 x 2 1/4
#5	17-047	Long ID	3/8" ID	3/8" ID	Cracked 4 1/16 x 2 3/4
#6	5-186	Flange	3/8" ID	3/8" ID	4 1/16 x 2 3/4
7					
8					
9	NOTE: 8-483 Ultrasonic Inspection - OK				
10					
11					
12					
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29					
30					
31					
32					KANSAS CORPORATION COMMISSION
33					APR 06 2009
34					RECEIVED
35					



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

RECEIVED
FEB 05 2009
By _____

Subject to terms and conditions on reverse.

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

352442

1/31/2009

MAIL TO
DATE

Page: 1

Customer Order No. PENSE 24 MONTGOMERY CO, KS
Location or Shipped To KAMINSKA 3-6
Well Name and No. **FEB 10 2009**
ACCOUNTING

Work Order No. 130067A
Job No. 34H12081058

ADD-BILL-WO#	Property	Amount	AFE	SV			
130067-INV#351676					\$0.00	1.00	\$0.00
EASLEY #2809					\$634.50	1.00	\$634.50
GRAND #59579					\$90.00	1.00	\$90.00
Account # <u>11927204</u> Property <u>70104</u> Amount <u>724.50</u> AFE <u>44081488</u> SV <u>1109</u>					Reviewed by <u>[Signature]</u> Approved by <u>[Signature]</u> Approved by _____ Date Paid _____ Check No. _____		
Vendor # <u>10939</u> NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE					Subtotal \$724.50 Misc \$0.00 Tax \$0.00 Credits \$0.00 Total \$724.50		
Terms from Document Date: Net 30					APR 06 2009 RECEIVED		

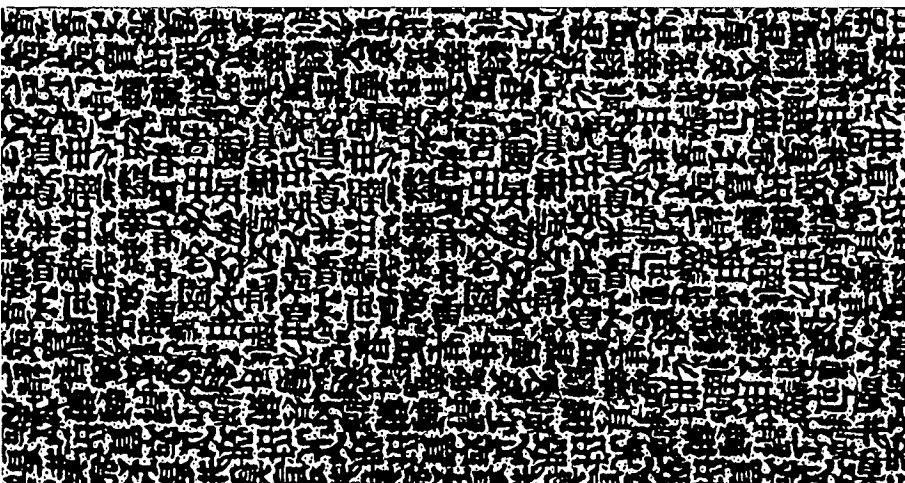


CUSTOMER NAME & BILLING ADDRESS:		SDI CUSTOMER :	CUSTOMER P.O. / AFE	
AMVEST- CONSTELLATION		130034	JOB NUMBER 34H12081058	
P.O. BOX 970		JOB START 12-19-8 TIME		
SKIATOOK, OK 74070		JOB END 12-22-8 TIME		
CUSTOMER WELL NAME & NUMBER		RIG NAME AND NUMBER		THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE WHEREOF INCLUDING THOSE LIMITING WARRANTIES. I CERTIFY THAT THE ABOVE SERVICES AND/OR EQUIPMENT HAVE BEEN RECEIVED IN SATISFACTORY MANNER.
KANINSKA 3-6		DENSE 24		
CITY	COUNTY	STATE	LEASE OR BLOCK	
MONTGOMERY CO., KS				X SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		ORIGINAL INVOICE # 351676						
		EASLEY # 2209						634.50
		REPAIR-GRAND # 59579						90.-

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

TAX CODE	SUB-TOTAL	724.50
	STATE SALES TAX	
	LOCAL SALES TAX	
	TOTAL INVOICE AMT.	724.50

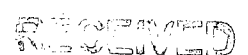


SDI FIELD REPRESENTATIVE

SDI DISTRICT MANAGER
Donald Sh KS

DIRECTIONAL COMPANY

KANSAS CORPORATION COMMISSION
APR 06 2009



Easley Communications

320 East Wyandotte
McAlester, OK 74501

Invoice

Date	Invoice #
1/19/2009	2809

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

P.O. No.	Terms	Project

Qty	Description	Rate	Amount
	Pense Bro 24 Job # 34H12081058		
1	Rig Up 12-18-08	150.00	150.00
5	Communications 12-18-08 thru 12-22-08 Internet, TV, Satellite Receiver, Cell Phone Booster	81.00	405.00
1	Rig Down	150.00	150.00
	Minus 10%	-70.50	-70.50

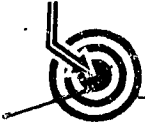
We at Easley Communications would like to thank you for your business. We value the relationship we have built with you and your continued business is important to us. Please let us know if there is anything we can do to better service your account.

Subtotal	\$634.50
Sales Tax (9.0%)	\$0.00
Total	\$634.50
Payments/Credits	\$0.00
Balance Due	\$634.50

KANSAS CORPORATION COMMISSION

APR 06 2009

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Scientific Drilling

Scientific Drilling International, Inc.

COPY 130067

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 34H12081058	
P.O. Box 970		JOB START 19 Dec 08 TIME 0800		
Skiatook, Oklahoma 74070		JOB END 22 Dec 08 TIME 1945		
CUSTOMER WELL NAME & NUMBER Kaminska 3-6		RIG NAME AND NUMBER Pense 24		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 <i>[Signature]</i> 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	
		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	11	each batt	6600. 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	1400	mile	3500. ⁰⁰	
		Floats (Sale Item)			650.00	1	each	650. ⁰⁰	
		Smart Motor Charge			3,500.00	3	day	10,500. ⁰⁰	
		INSPECTION-DIS# 13267							744.70

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						58250.-
							STATE SALES TAX
							LOCAL SALES TAX
							TOTAL INVOICE AMT. 58994.70
	34-204-112	800.-					
	34-201-112	21950.-					
	34-204-110	25800.-					
	34-204-111	9050.-					
	34-209-114	650.-					
	34-204-165	744.70					

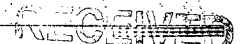
SDI FIELD REPRESENTATIVE

SDI DISTRICT MANAGER

CORPORATION COMMISSION

APR 06 2009

DISTRICT





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

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

RECEIVED
MAR 02 2009
By _____
MAILED
DATE
MAR 05 2009
ACCOUNTING

Subject to terms and conditions on reverse.

352892

2/26/2009

Page: 1

Customer Order No. PENSE 24 MONTGOMERY CO, KS
Location or Shipped To KAMINSKA 3-6
Well Name and No.

Work Order No. 130067B
Job No. 34H12081058

ADD-BILL-WO#130067-INV#351676 QUALITY #25906	\$0.00	1.00	\$0.00																																			
	\$109.00	1.00	\$109.00																																			
<p>Reviewed by <u>Jub [Signature]</u></p> <p>Approved by <u>P.S.</u></p> <p>Approved by _____</p> <p>Date Paid _____</p> <p>Check No. _____</p>																																						
<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>70104</td> <td>109.00</td> <td>44081488</td> <td>2/09</td> </tr> <tr> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> </tr> <tr> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> </tr> <tr> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> </tr> </tbody> </table> <p>VENDOR # <u>10939</u></p> <p>NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE</p>	Account #	Property	Amount	AFE	SV	1927204	70104	109.00	44081488	2/09	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	<table border="1"> <tr> <td>Subtotal</td> <td>\$109.00</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>\$109.00</td> </tr> </table>			Subtotal	\$109.00	Misc	\$0.00	Tax	\$0.00	Credits	\$0.00	Total	\$109.00
Account #	Property	Amount	AFE	SV																																		
1927204	70104	109.00	44081488	2/09																																		
-----	-----	-----	-----	-----																																		
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-----	-----	-----	-----	-----																																		
Subtotal	\$109.00																																					
Misc	\$0.00																																					
Tax	\$0.00																																					
Credits	\$0.00																																					
Total	\$109.00																																					
<p>Terms from Document Date: Net 30</p> <p>95-2670371</p>	<p>KANSAS CORPORATION COMMISSION</p> <p>APR 06 2009</p>																																					

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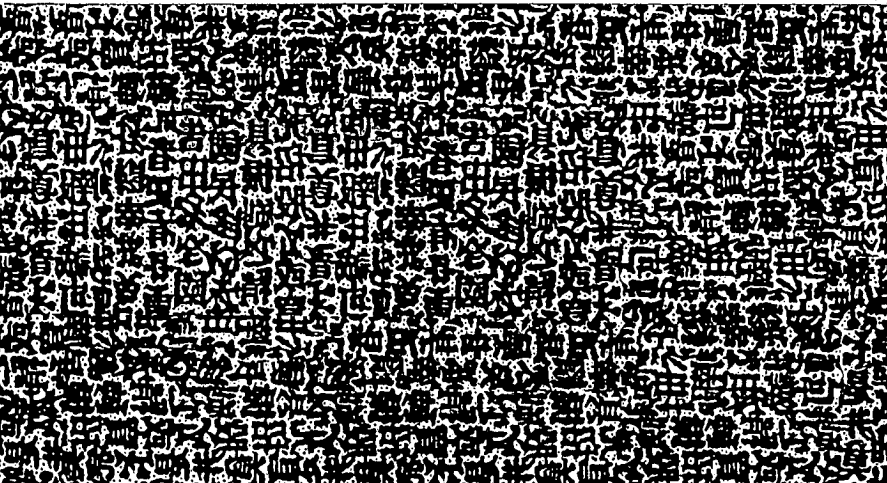
CUSTOMER NAME & BILLING ADDRESS:	SDI CUSTOMER:	CUSTOMER P.O. / AFE
ANULST-CONSTELLATION	130034	
PO BOX 970	JOB NUMBER	3412081058
SKIATOOK OK 74070	JOB START	12-19-8 TIME
	JOB END	12-22-8 TIME

CUSTOMER WELL NAME & NUMBER KANINSKA 3-6	RIG NAME AND NUMBER PENSE 24	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.
CITY COUNTY STATE MONTGOMERY CO, KS	LEASE OR BLOCK	

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		ORIGINAL INVOICE # 351676						
		REPAIR-QUALITY # 25906						109.-

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

	TAX CODE	SUB-TOTAL	109.-
		STATE SALES TAX	
		LOCAL SALES TAX	
		TOTAL INVOICE AMT.	109.-
SDI FIELD REPRESENTATIVE			
SDI DISTRICT MANAGER			
			KS
DIRECTIONAL COMPANY			
KANSAS CORPORATION COMMISSION			
APR 06 2009			

Quality Machine Services, Inc.

8412 SW 8th Street
Oklahoma City, OK 73128-4228
Phone (405) 495-4962

Invoice

Date	Invoice #
1/12/2009	25906

Bill To
SCIENTIFIC DRILLING INTL. 421 S. EAGLE LANE OKLAHOMA CITY, OK 73128

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
367-1058	Net 30		1/12/2009			

Quantity	Item Code	Description	Price Each	Amount
1	121-121	4 3/4 NMDC: RECUT 3 1/2 IF BOX DELIVERY TICKET # 17434	109.00	109.00

			Total	\$109.00
--	--	--	--------------	----------

KANSAS CORPORATION COMMISSION

APR 06 2009

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Scientific Drilling

Scientific Drilling International, Inc.

130067

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: Amvest-Constellation		SDI CUSTOMER #: 130034	JOB NUMBER 34H12081058	CUSTOMER P.O. / AFE
P.O. Box 970		JOB START <u>19 Dec 08</u> TIME <u>0800</u>		
Skiatook, Oklahoma 74070		JOB END <u>22 Dec 08</u> TIME <u>1945</u>		
CUSTOMER WELL NAME & NUMBER Kaminska 3-6		RIG NAME AND NUMBER Pense 24		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	LEASE OR BLOCK	
Montgomery Co., KS				

ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		HORIZONTAL DRILLING PACKAGE* <i>Includes 2 Supervisors, Living Expenses, Misc. Subs, MDC Downhole Motors, E-Field System w/Operators, L-I-H Coverage</i>			8,700.00	4	DAY	34,800. ⁰⁰
		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	11	each batt	6,600. ⁰⁰
		Motor Inspection			850.00	2	tool	1,700. ⁰⁰
		End Of Well Books (over 4)			100.00		each	
		Gamma Logs (Over 4)			50.00		each	
		Mileage: Man/Mile Round Trip			2.50	1400	mile	3,500. ⁰⁰
		Floats (Sale Item)			650.00	1	each	650. ⁰⁰
		Smart Motor Charge			3,500.00	3	day	10,500. ⁰⁰
		INSPECTION-DIS# 13267						744.70

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.						58250.-
							STATE SALES TAX
							LOCAL SALES TAX
	34-204-112	800.-					TOTAL INVOICE AMT. 58994.70
	34-201-112	21950.-					SDI FIELD REPRESENTATIVE
	34-204-110	25800.-					<u>[Signature]</u>
	34-204-111	9050.-					SDI DISTRICT MANAGER
	34-204-114	650.-					<u>[Signature]</u>
	34-204-165	744.70					KANSAS CORPORATION COMMISSION
							DIRECTIONAL COMPANY

DISTRICT

APR 06 2009

RECEIVED



Scientific Drilling Scientific Drilling International, Inc.

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

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

INVOICE

130034

RECEIVED
MAR 12 2009
By _____
MAIL TO DATE

Subject to terms and conditions on reverse.

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

353088
2/28/2009

Page: 1

Customer Order No. **PENSE 24** **MONTGOMERY CO, KS**
Location of Shipped **KAMINSKA 3-6**
Well Name and No

130067G
Work Order # **34112081058**
Job No.

ADD BILL WO#130067 INV#351676	\$0.00	1.00	\$0.00																														
QUALITY #26106	\$218.00	1.00	\$218.00																														
<table border="0"> <tr> <td><u>Account #</u></td> <td><u>Property</u></td> <td><u>Amount</u></td> <td><u>AFE</u></td> <td><u>SV</u></td> </tr> <tr> <td>11927204</td> <td>70104</td> <td>218.00</td> <td>44081488</td> <td>2109</td> </tr> <tr> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> </tr> <tr> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> </tr> <tr> <td colspan="5">VENDOR # <u>10939</u></td> </tr> <tr> <td>NSE 986</td> <td>CEP 976</td> <td>MCOS 985</td> <td>IMMEDIATE</td> <td>OVERNITE</td> </tr> </table>				<u>Account #</u>	<u>Property</u>	<u>Amount</u>	<u>AFE</u>	<u>SV</u>	11927204	70104	218.00	44081488	2109	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	VENDOR # <u>10939</u>					NSE 986	CEP 976	MCOS 985	IMMEDIATE	OVERNITE
<u>Account #</u>	<u>Property</u>	<u>Amount</u>	<u>AFE</u>	<u>SV</u>																													
11927204	70104	218.00	44081488	2109																													
-----	-----	-----	-----	-----																													
-----	-----	-----	-----	-----																													
VENDOR # <u>10939</u>																																	
NSE 986	CEP 976	MCOS 985	IMMEDIATE	OVERNITE																													
Reviewed by <u>[Signature]</u>																																	
Approved by <u>[Signature]</u>																																	
Approved by _____																																	
Date Paid _____																																	
Check No. _____																																	
Subtotal			\$218.00																														
Misc			\$0.00																														
Tax			\$0.00																														
Credits			\$0.00																														
Total			\$218.00																														

Terms from Document Date: Net 30

95-2670371

APR 06 2009

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Scientific Drilling

Scientific Drilling International, Inc.

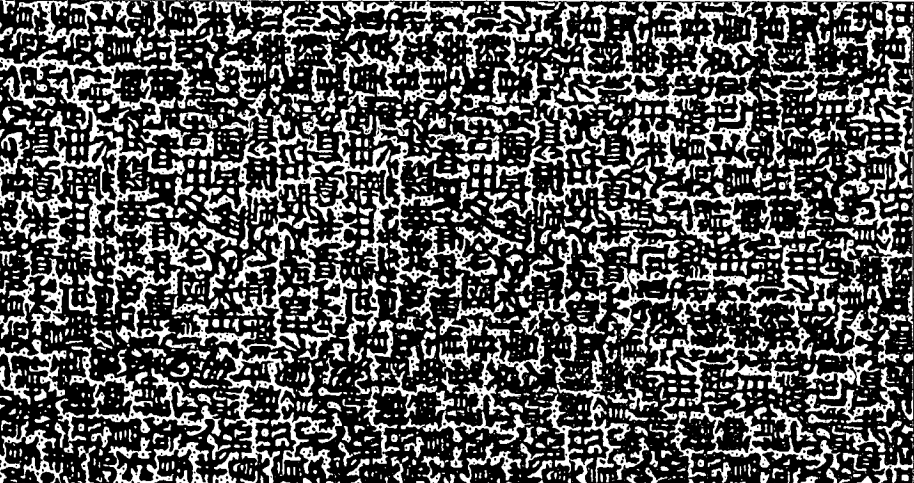
Corporate Headquarters
1100 Rankin Road • Houston, Texas 77073
Tel: 281-443-3300 • Fax: 281-443-3311

WORK ORDER 1300670
PAGE _____ OF _____

CUSTOMER NAME & BILLING ADDRESS:		SDI CUSTOMER :	CUSTOMER P.O. / A/E
AMWEST-CONSTELLATION		130034	JOB NUMBER 34412081058
PO BOX 970			JOB START 12-19-8 TIME
SKIA TOOK OK 74070			JOB END 12-22-8 TIME
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.
KAMINSKA 3-6		PENSE 24	
CITY COUNTY STATE	LEASE OR BLOCK		
MONTGOMERY CO, KS			X SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		ORIGINAL INVOICE # 351676						
		REPAIR-QUALITY # 26106						218.-

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



TAX CODE	SUB-TOTAL	218.-
	STATE SALES TAX	
	LOCAL SALES TAX	
	TOTAL INVOICE AMT.	218.-
SDI FIELD REPRESENTATIVE		
SDI DISTRICT MANAGER Donald Sh		
DIRECTIONAL COMPANY		
		KANSAS CORPORATION COMMISSION APR 06 2009

Quality Machine Services, Inc.

8412 SW 8th Street
Oklahoma City, OK 73128-4228
Phone (405) 495-4962

Invoice

Date	Invoice #
2/6/2009	26106

Bill To
SCIENTIFIC DRILLING INTL. 421 S. EAGLE LANE OKLAHOMA CITY, OK 73128

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
367-1058	Net 30		2/6/2009			

Quantity	Item Code	Description	Price Each	Amount
1	121-031	4 3/4 NMDC: RECUT 3 1/2 IF BOX x PIN DELIVERY TICKET # 17648	218.00	218.00

Total	\$218.00
--------------	----------

KANSAS CORPORATION COMMISSION

APR 06 2009

RECEIVED



Scientific Drilling

Scientific Drilling International, Inc.

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

130067

WORK ORDER _____
PAGE 1 OF 1

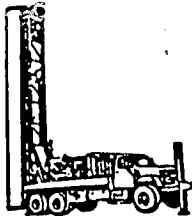
CUSTOMER NAME & BILLING ADDRESS: Amvest-Constellation		SDI CUSTOMER: 130034	JOB NUMBER 34H12081058	CUSTOMER P.O./AFE
P.O. Box 970		JOB START <u>19 Dec 08</u> TIME <u>0800</u>		
Skiatook, Oklahoma 74070		JOB END <u>22 Dec 08</u> TIME <u>1945</u>		
CUSTOMER WELL NAME & NUMBER Kaminska 3-6		RIG NAME AND NUMBER Pense 24		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	LEASE OR BLOCK	
Montgomery Co., KS				

ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		HORIZONTAL DRILLING PACKAGE* <i>Includes 2 Supervisors, Living Expenses, Misc. Subs, HRC Drivhole Motors, E-Field System w/Operators, I-I-H Coverage</i>			8,700.00	4	DAY	34,800. ⁰⁰
		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	11	each batt	6600. 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	1400	mile	3500. ⁰⁰
		Floats (Sale Item)			650.00	1	each	650. ⁰⁰
		Smart Motor Charge			3,500.00	3	day	10,500. ⁰⁰
		INSPECTION-DIS# 13067						744.70

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.						58250.-
							STATE SALES TAX
							LOCAL SALES TAX
							TOTAL INVOICE AMT. 58994.70
	34-204-112-800-					SDI FIELD REPRESENTATIVE	
	34-201-112-51950-					<u>[Signature]</u> SDI DISTRICT MANAGER	
	34-204-110-25800-						
	34-204-111-9050-						
	34-209-114-650-						
	34-204-165-744.70					DIRECTIONAL COMPANY	

DISTRICT



PENSE BROS. DRILLING CO., INC.

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

6316

Date December 23, 2008

CEP Mid-Continent

P.O. Box 970

Skiatook, OK 74070

MAILED
DATE
JAN 05 2009
ACCOUNTING

RECEIVED
DEC 31 2008
By

KAMINSKA
Well #3-6

16	Hours rigtime @ \$510.00/hr. (drilling)	12-19-08	\$ 8,160.00
24	Hours rigtime @ \$510.00/hr. (drilling)	12-20-08	12,240.00
24	Hours rigtime @ \$510.00/hr. (drilling)	12-21-08	12,240.00
24	Hours rigtime @ \$510.00/hr. (drilling)	12-22-08	12,240.00
4	Hours rigtime @ \$510.00/hr. (drilling)	12-23-08	2,040.00
8	Hours rigtime @ \$510.00/hr. (moving)	12-23-08	4,080.00
	Fuel 12-19-08		2,292.24
	Fuel 12-22-08		2,025.34

Amount Due \$55,317.58

TERMS: NET 10 DAYS. AFTER 30 DAYS A
FINANCE CHARGE OF 1 1/2% PER MONTH,
ALL PAST DUE

Account #	Property	Amount	AFE	SV	INTEREST RATE
1192720270104		55317.58	44031/88	12/08	

VENDOR # 10897

Drilling
3
74033

NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

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

KANSAS CORPORATION COMMISSION

APR 06 2009

RECEIVED

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well#

Date: 12-17-08 Interval From: To:

Start AM Finish AM
Time 12 PM Time 7 PM

Day of the Week: Wed
Customer/Operator: CEP

Noon to Midnight Midnight to Noon

Location/State: KS County: MONTGOMERY

EMPLOYEE: EQUIPMENT

Toolpusher Jim Casselman Kerry Stanton
Driller
Helper Bob Hurt Sr Don Ripley
Helper Bob Hurt Jr Matt Tinnin
Helper DUSTIN HARRIS
Other Joe Buckley

Booster #
Compressor #
Compressor #
Other
Other
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)

- 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 initiated 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 _____
Driller _____ Helper _____
Helper _____ 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	(Used 3 Trucks from Mario's Saw Trucking)		
7-8			
8-9			
9-10			
10-11			
11-12	Spaced hoisting equipment from Drive to Wapside, KS		
12-1			
1-2			
2-3			
3-4			
4-5			
5-6			
6-7	Finished moving		
7-8			

KANSAS CORPORATION COMMISSION

APR 06 2009

Surface Pipe-Tally
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Total

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

DRILLING REPORT-DAY SHIFT

74796

Rig# 24 Well# 3-6
Date: 12-19-08 Interval From: _____ To: _____
Day of the Week: FRI
Customer/Operator: CEP
Location/State: KS County: Montgomery

Surface
Pipe-Tally
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Total

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

EMPLOYEE:

Toolpusher Jim Casselman
Driller Jose Pedraza
Helper Rogelio Gomez
Helper Joe Napier
Helper Wayne Reynolds
Other _____

EQUIPMENT

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

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

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"/> SPPC-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 initiated 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 _____
Driller Jose Pedraza Helper Wayne Reynolds
Helper Rogelio Gomez 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	15 Gal. corrosion inhibitor		
7-8			
8-9	safety meeting, unload tools and equipment		
9-10	make hoses connections make up, B.O.P. set on		
10-11	Rig up, unload tools		
11-12	wait for scientific tools		
12-1	woc		
1-2	woc		
2-3	woc		
3-4	woc Tally, D.P.		
4-5	woc scientific tools Rig up		
5-6	scientific tools Rig up		
6-7	Tri-pin		
7-8	" Bottom 7:35 pm Drilling 6 3/4	1148	900

KANSAS CORPORATION COMMISSION
APR 06 2009
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P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 3-6 Kamimsha

Date: 12-19-08 Interval From: To:

Start AM Finish AM

Day of the Week: Fri-Sat

Time 8:00 PM Time 8:00 PM

Customer/Operator: C&P

Noon to Midnight Midnight to Noon

Location/State: KS County: MOHAWK

EMPLOYEE:

EQUIPMENT

Toolpusher Terry Stanton
Driller Jacobo Guesserco
Helper Jose A Novella
Helper Raiblo Vazquez

Booster #
Compressor #
Compressor #
Other 283
Other 284

Hammer: Hammer Bit: Tri-cone Bit: 6 3/4
Make Make Make H.C
Size Model Model S 30
SN Choke IADC# 537
SN S.N 512 3791

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 initiated 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 Terry Stanton Helper Raiblo Vazquez

Driller Jacobo Guesserco Helper

Helper Jose A Novella 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 4 columns: Time, Operation/Activity, Depth, Pressure. Contains drilling log entries from 6-7 to 7-8.

KANSAS CORPORATION COMMISSION

APR 06 2009

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

DRILLING REPORT-DAY SHIFT

74798

Rig# 24 Well# 3-6
Date: 12-20-08 Interval From: _____ To: _____
Day of the Week: SAT
Customer/Operator: CEP
Location/State: KS County: Montgomery

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

Surface
Pipe-Tally
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Total

EMPLOYEE:		EQUIPMENT	
Toolpusher <u>Jim Casselman</u>	Booster # _____	Compressor # _____	Compressor # _____
Driller <u>Jose Pedraza</u>	Other <u>284</u>	Other <u>285</u>	Other _____
Helper <u>Regelia Gomez</u>			
Helper <u>Joe Napier</u>			
Helper <u>Wayne Reynolds</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 <u>Joe Napier</u>
Driller <u>Jose Pedraza</u>	Helper <u>Wayne Reynolds</u>
Helper <u>Regelia Gomez</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	1 1/2 gal Polymer		
7-8			
8-9	safety meeting, tripart, lay down scientific tools		
9-10	scientific tools Rig up		
10-11	scientific tools Rig up, tripart		
11-12	tripin		
12-1	tripin Bottom 12:30 pm start drilling 6 3/4	1690'	1100
1-2	Drilling 6 3/4	1745'	1100
2-3	Drilling 6 3/4	1816'	1100
3-4	Drilling 6 3/4	1879'	1100
4-5	Drilling 6 3/4	1900'	1100
5-6	Drilling 6 3/4	1917'	1100
6-7	Drilling 6 3/4	1945'	1100
7-8	Drilling 6 3/4	1990'	1100

KANSAS CORPORATION COMMISSION
DEC 20 06 2009
VED

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

DRILLING REPORT-DAY SHIFT

74799

Rig# 24 Well# 3-6
 Date: 12-20-08 Interval From: _____ To: _____
 Day of the Week: SAT-SUN
 Customer/Operator: CEP
 Location/State: KS County: MONTGOMERY

Surface
Pipe-Tally
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Total

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

EMPLOYEE:

Toolpusher Terry Stanton
 Driller Jacobo Gussaco
 Helper Jose A. Novella
 Helper Rafael Vazquez
 Helper Tom Hupford
 Other _____

EQUIPMENT

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

Hammer: _____ Hammer Bit: _____ Tri-cone Bit: 6 3/4
 Make _____ Make _____ Make H.C.
 Size _____ Model _____ Model Stx 30
 SN _____ Choke _____ IADC# 537
 SN _____

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 Terry Stanton Helper Rafael Vazquez
 Driller Jacobo Gussaco Helper [Signature]
 Helper Jose A. Novella 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	<u>1/2-Gal Rotaries</u>		
7-8			
8-9	<u>Safety meeting Drilling @ 3/4</u>	<u>2009</u>	<u>1200</u>
9-10	<u>Drilling @ 3/4</u>	<u>2026</u>	<u>1200</u>
10-11	<u>Drilling @ 3/4</u>	<u>2039</u>	<u>1200</u>
11-12	<u>Drilling @ 3/4</u>	<u>2070</u>	<u>1200</u>
12-1	<u>Drilling @ 3/4</u>	<u>2097</u>	<u>1200</u>
1-2	<u>Drilling @ 3/4</u>	<u>2127</u>	<u>1200</u>
2-3	<u>Drilling @ 3/4</u>	<u>2167</u>	<u>1200</u>
3-4	<u>Drilling @ 3/4</u>	<u>2208</u>	<u>1200</u>
4-5	<u>Drilling @ 3/4</u>	<u>2220</u>	<u>1200</u>
5-6	<u>Low Down 10 joints Lost Signal</u>		
6-7	<u>Lost Signal</u>		
7-8	<u>Lost Signal</u>		

KANSAS CORPORATION COMMISSION

APR 06 2009
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Pense Bros. Drilling Co., Inc.

DRILLING REPORT-DAY SHIFT

74800

P.O. Box 551

Rig# 24 Well# 3-6

Fredericktown, MO 63645

Date: 12-21-08 Interval From: To:

Start Time 5:00 AM Finish Time 8:00 PM

Day of the Week: SUN

Customer/Operator: CEP

Noon to Midnight Midnight to Noon

Location/State: KS County: Montgomery

EMPLOYEE:

EQUIPMENT

Toolpusher Jim Caselman
Driller Jose Pedraza
Helper Rogelio Gomez
Helper Joe Napier
Helper Wayne Reynolds
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)

- 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 Helper
Driller Jose Pedraza Helper Wayne Reynolds
Helper Rogelio Gomez 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 4 columns: Time, Operation/Activity, Depth, Pressure. Includes entries for 6-7 (1 1/2 Gal. Polymer), 8-9 (Safety meeting), 12-1 (change bit), 5-6 (Drilling 6 3/4), 6-7 (Drilling 6 3/4), 7-8 (Drilling 6 3/4).

KANSAS CORPORATION COMMISSION

Surface Pipe-Tally 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 Total

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

DRILLING REPORT-DAY SHIFT

73367

Rig# 24 Well# 3-6
 Date: 12-21-08 Interval From: _____ To: _____
 Day of the Week: SUN - MON
 Customer/Operator: CEP
 Location/State: KS County: MONTGOMERY

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

Surface
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Total

EMPLOYEE:		EQUIPMENT	
Toolpusher <u>Terry Stanton</u>	Booster # _____	Compressor # _____	Compressor # _____
Driller <u>Jacobo Guerrero</u>	Other <u>283</u>	Other <u>289</u>	Other _____
Helper <u>Jose A Novella</u>			
Helper <u>Pablo Vazquez</u>			
Helper <u>Tony Howard</u>			
Other _____			

Hammer:	Hammer Bit:	Tri-cone Bit: <u>6 3/4</u>
Make _____	Make _____	Make <u>N.C</u>
Size _____	Model _____	Model <u>Stx 30</u>
SN _____	Choke _____	IADC# <u>537</u>
	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"/> SPPC-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 <u>Terry Stanton</u>	Helper <u>Pablo Vazquez</u>
Driller <u>Jacobo Guerrero</u>	Helper <u>[Signature]</u>
Helper <u>Jose A Novella</u>	Contractor _____

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

Name of injured Employee _____ Injured Emp. Signature _____

Time	Operation/Activity	Depth	Pressure
6-7	2 Gal. Poly mee		
7-8			
8-9	Safety meeting Drilling @ 3 1/4	2427	1200
9-10	Drilling @ 3 1/4 Lateral	2459	1200
10-11	Drilling @ 3 1/4	2521	1200
11-12	Drilling @ 3 1/4	2591	1200
12-1	Drilling @ 3 1/4	2643	1200
1-2	Drilling @ 3 1/4	2655	1200
2-3	Drilling @ 3 1/4	2681	1200
3-4	Drilling @ 3 1/4	2692	1200
4-5	Drilling @ 3 1/4	2726	1200
5-6	Drilling @ 3 1/4	2887	1200
6-7	Drilling @ 3 1/4	2903	1200
7-8	Drilling @ 3 1/4	3002	1200

ASAS CORPORATION COMMISSION
 APR 06 2009
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Pense Bros. Drilling Co., Inc.
P.O. Box 551
Fredericktown, MO 63645

DRILLING REPORT-DAY SHIFT

73368

Rig# 24 Well# 3-6
Date: 12-22-08 Interval From: _____ To: _____
Day of the Week: MON
Customer/Operator: CEP
Location/State: KS County: Montgomery

Surface
Pipe-Tally
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Total

Start (AM) Finish _____ AM
Time 2:00 PM Time _____ PM

Noon to Midnight Midnight to Noon

EMPLOYEE:
Toolpusher Jim Caselman
Driller José Pedraza
Helper Regelia Gomez
Helper Joe Napier
Helper Wayne Reynolds
Other _____

EQUIPMENT:
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)
<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 Joe Napier
Driller José Pedraza Helper Wayne Reynolds
Helper Regelia Gomez Contractor _____

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

Time	Operation/Activity	Depth	Pressure
6-7	2 1/2 Gal. Polymer		
7-8			
8-9	safety meeting ; Drilling 6 3/4	3085'	1100
9-10	Drilling 6 3/4	3120'	1100
10-11	Drilling 6 3/4	3226'	1100
11-12	Drilling 6 3/4	3350'	1100
12-1	Drilling 6 3/4	3371'	1100
1-2	Drilling 6 3/4	3408'	1100
2-3	TD 3402' circulate		
3-4	circulate to report		
4-5	Tripout		
5-6	" lay down scientific tools		
6-7	lay down scientific tools Removing B.O.P		
7-8	Removing B.O.P Tally 3 1/2 casing		

KANSAS CORPORATION COMMISSION
APR 06 2009
RECEIVED

P.O. Box 551
Fredericktown, MO 63645

Rig# 24 Well# 3-6 Kaminska
Date: 12-22-08 Interval From: To:

Start AM Finish AM
Time 8:00 (PM) Time _____ PM

Day of the Week: MON
Customer/Operator: CEP

Noon to Midnight Midnight to Noon Location/State: KS County: Montgomery

EMPLOYEE:		EQUIPMENT	
Toolpusher	<u>Terry Stanton</u>	Booster #	_____
Driller	<u>Jacobo Guerrero</u>	Compressor #	_____
Helper	<u>Pablo Uarquez</u>	Compressor #	_____
Helper	<u>Jose Novella</u>	Other	<u>283</u>
Helper	<u>Tony Hopwood</u>	Other	<u>284</u>
Other	_____	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 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 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	<u>Terry Stanton</u>	Helper	<u>Jose A Novella</u>
Driller	<u>Jacobo Guerrero</u>	Helper	<u>[Signature]</u>
Helper	<u>Pablo Uarquez</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	Safety meeting Running 3 1/2 Perf. Liner 59 ft Perf + 1 Blank		
9-10	Run 3 1/2 Makeup Packer		
10-11	Talley 4 1/2 casing Run 4 1/2 casing		
11-12	Land casing Load tools lay down derrick		
12-1	Rig up Cementers		
1-2	Clean up location		
2-3	Wash tanks		
3-4	Draw Pump		
4-5			
5-6			
6-7			
7-8			

ANSAS CORPORATION COMMISSION

APR 06 2009

RECEIVED

Surface	Pipe-Tally
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Total	