

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31119

Name: Lone Wolf Oil

Address 1: Box 241

Address 2: _____

City: Moline State: Ks Zip: 67353 + _____

Contact Person: Rob Wolfe

Phone: (620) 647-3626

CONTRACTOR: License # 32701

Name: C & G Drilling Inc.

Wellsite Geologist: Joe Baker

Purchaser: Plains Marketing

Designate Type of Completion:

- New Well _____ Re-Entry _____ Workover _____
 - Oil _____ SWD _____ SIOW _____
 - _____ Gas _____ ENHR _____ SIGW _____
 - _____ CM (Coal Bed Methane) _____ Temp. Abd. _____
 - _____ Dry _____ Other _____
- (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.: _____

12-12-08 12-15-08 1-21-09

Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

API No. 15 - 019-26957-0000

Spot Description: _____

W/2 NE NE Sec. 1 Twp. 32 S. R. 9 East West

660 Feet from North / South Line of Section

990 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Chautauqua

Lease Name: Walker Trust Well #: 7

Field Name: Hylton North

Producing Formation: Mississippi

Elevation: Ground: 1135 Kelly Bushing: 1141

Total Depth: 2244 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 40 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 2244

feet depth to: surface w/ 435 sx cmt.

Drilling Fluid Management Plan AH II NCR 4-27-09
(Data must be collected from the Reserve Pit)

Chloride content: 900 ppm Fluid volume: 200 bbls

Dewatering method used: evaporation

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: Robert Wolfe

Title: President Date: 4-6-09

Subscribed and sworn to before me this 5th day of April

20 09

Notary Public: Lisa J. Townsley

Date Commission Expires: 6-13-12

KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received **RECEIVED**
KANSAS CORPORATION COMMISSION

UIC Distribution

APR 07 2009

LISA J. TOWNSLEY
Notary Public - State of Kansas
My Appt. Expires 6-13-12

Operator Name: Lone Wolf Oil Lease Name: Walker Trust Well #: 7
 Sec. 1 Twp. 32 S. R. 9 East West County: Chautauqua

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: Gamma Ray Neutron Cement Bond	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>BKC</td> <td>1661</td> <td>-520</td> </tr> <tr> <td>Altamont</td> <td>1737</td> <td>-596</td> </tr> <tr> <td>Pawnee</td> <td>1828</td> <td>-687</td> </tr> <tr> <td>Ft. Scott</td> <td>1876</td> <td>-735</td> </tr> <tr> <td>Cherokee</td> <td>1915</td> <td>-774</td> </tr> <tr> <td>Mississippi</td> <td>2195</td> <td>-1054</td> </tr> </table>	Name	Top	Datum	BKC	1661	-520	Altamont	1737	-596	Pawnee	1828	-687	Ft. Scott	1876	-735	Cherokee	1915	-774	Mississippi	2195	-1054
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12 1/4	8 5/8		40	Class A	40	3% cal. 2% gel
Production	7 7/8	4 1/2	10.5	2244	60/40 Poz	300	8% gel
					Thick Set	135	Kol-Seal 5#

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
2	2202-2208	300 gal. Hydrochloric acid	2202-08
		1000 gal. Gel acid	2202-08

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>2210</u> Packer At:		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>1-30-09</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>3</u>	Gas Mcf <u>46</u> Water Bbls. <u>34</u> Gas-Oil Ratio <u>34</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>2202-08</u>
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 20650

LOCATION Eureka KS

FOREMAN Ed Strickland

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-12-08	4763	Walker Trust #7				
CUSTOMER			TRUCK #			
Loren Hale Oil Co.			DRIVER			
MAILING ADDRESS			TRUCK #			
Box 241			DRIVER			
CITY						
STATE						
ZIP CODE						
Maline						
KS						
67353						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 44 CASING SIZE & WEIGHT 9.5
 CASING DEPTH 44' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15# SLURRY VOL 9.6 WATER gal/sk 6.5 CEMENT LEFT in CASING 10'
 DISPLACEMENT 2 Bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up to 9 5/8 casing. Break circulation w/ 5 Bbls
Fresh water. mixed 40 SKs class A' cement w/ 3% CCLC, 2% Gal 22
yield 1.35. Displace w/ 2 Bbls Fresh water. Shut casing in. Get cement
returns to surface. Job complete. Rig down.

Thank you
Ed, Alan, Chris

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 ³	1	PUMP CHARGE	785.00	785.00
5406	40	MILEAGE	3.90	156.00
1104 ³	40 SKS	CLASS A' CEMENT	13.80	552.00
1102	110#	CCLC 3%	.75	82.50
1118 ^A	75#	Gal 22	.17	12.75
5407	1.98 Tons	Tot Mileage Bulk Truck	M/A	315.00
RECEIVED KANSAS CONSERVATION COMMISSION				
APR 17 2009				
CONSERVATION DIVISION WICHITA, KS				
			6.32	12.52
			SUBTOTAL	1861.27
			SALES TAX ESTIMATED	40.02
			TOTAL	1861.27

Rev'n 3737

AUTHORIZATION WIT by Cotton

028045
TITLE Co Rep

DATE 12-12-08

1861.27



CONSOLIDATED
Oil Well Services, L.L.C.



ENTERED

TICKET NUMBER 20699

LOCATION Eureka

FOREMAN Kevin McCoy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
12-15-08	4763	Walker Trust # 7	1	325	9E	Ca	
CUSTOMER <u>Lone Wolf Oil Co.</u>			C&G R193	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>Box 241</u>				445	Justin	437	Jim
CITY <u>Moline</u>				502	Phillip		
STATE <u>Ks</u>				515	Jerrid		
ZIP CODE <u>67353</u>			436	John G.			

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 2244' KB CASING SIZE & WEIGHT 4 1/2 10.5"
 CASING DEPTH 2246 KB DRILL PIPE _____ TUBING _____ OTHER APFD 2242' KB
 SLURRY WEIGHT 12.8-13.6 SLURRY VOL 128 BBL WATER gal/sk 8" - 9" CEMENT LEFT in CASING 4'
 DISPLACEMENT 35.6 BBL DISPLACEMENT PSI 1000 PSI 1500 Bump Plug RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. Break Circulation w/ 10 BBL fresh water. Mixed 300 sks 60/40 Pozmix Cement w/ 8% Gel, 1/4" Floccle 1sk @ 12.8*/gal, yield 1.70. Tail in w/ 135 sks Thick Set Cement w/ 5" Kol-Seal 1sk @ 13.6*/gal, yield 1.69. Wash out Pump & Lines shut down, Release Plug. Displace w/ 35.6 BBL fresh water. Final Pressure 1000 psi. Bump Plug to 1500 psi. wait 2 minutes. Release Pressure. Float & Plug Held. Good Cement Returns to Surface = 5 BBL slurry (17 sks) to Pit. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	40	MILEAGE	3.65	146.00
1131	300 sks	60/40 Pozmix Cement	11.35	3405.00
1118 A	2060 "	Gel 8%	.17 "	350.20
1107	75 "	Floccle 1/4" 1sk	2.10 "	157.50
1126 A	135 sks	Thick Set Cement	17.00	2295.00
1110 A	675 "	Kol-Seal 5" 1sk	.42 "	283.50
5407 A	20.33 TONS	40 miles BULK TRUCKS	1.20	975.84
5502 c	3 Hrs	80 BBL VAC TRUCK #436	100.00	300.00
5502 c	3 Hrs	80 BBL VAC TRUCK #437	100.00	300.00
1123	6000 gals	City water	14.00/1000	84.00
4161	1	4 1/2 AFU Float shoe	273.00	273.00
4453	1	4 1/2 Latch down Plug	221.00	221.00
4103	1	4 1/2 Cement baskets	208.00	208.00
4129	2	4 1/2 x 7 7/8 Centralizers	40.00	80.00
		Sub Total		10294.04
		THANK You	6.3%	SALES TAX
				ESTIMATED
				TOTAL

Revit 3737

AUTHORIZATION Witnessed By Rob Wolfe

TITLE owner

DATE

228053

10467.54