

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34027
Name: CEP Mid-Continent LLC
Address 1: 15 West Sixth Street, Suite 1400
Address 2: _____
City: Tulsa State: OK Zip: 74119 + 5415
Contact Person: David F. Spitz, Engineering Manager
Phone: (918) 877-2912, ext. 309
CONTRACTOR: License # 34126 33821
Name: Smith Oilfield Svcs. (vert. to KOP) / Rense Bros. Drig. Co. (horiz. 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.: 09-CONS-071-CHOR
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____
2-5-09 2-17-09 3-23-09
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 125-13846-01-00
Spot Description: 31846
SW SE SE Sec. 22 Twp. 33 S. R. 17 East West
330 Feet from North / South Line of Section
1,170 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: FELTS Well #: 22-15
Field Name: Cherokee Basin Coal Area
Producing Formation: Weir-Pitt
Elevation: Ground: 745' Kelly Bushing: _____
Total Depth: 816' TVD Plug Back Total Depth: 3,161' (3,163' MD)
Amount of Surface Pipe Set and Cemented at: 42 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 843'
feet depth to: surface w/ 90 ALPZ-Dlg - 6/25/09 ^{EX cmt.}

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

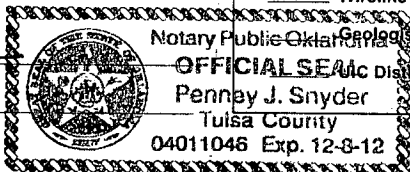
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: _____
Title: David F. Spitz, Engineering Manager Date: 5/20/09

Subscribed and sworn to before me this 20th day of May

20 09
Notary Public: _____
Date Commission Expires: 12-8-12



KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
OFFICIAL STATE DISTRIBUTION
Penney J. Snyder
Tulsa County
04011046 Exp. 12-8-12

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Operator Name: CEP Mid-Continent LLC Lease Name: FELTS Well #: 22-15
 Sec. 22 Twp. 33 S. R. 17 East West County: Montgomery

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)

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
Name	Top	Datum
Checkerboard	63'	682'
Nuyaka Creek	147'	598'
Upper Dawson	150'	595'
Oswego	551'	194'
Mulky Shale	576'	169'
Oakley, Croweburg	629'	116'
Weir-Pitt	791'	-46'

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"	32#	42' MD	Class "A"	10	80# Phenoseal, 900# Kol-
Production	6-3/4"	4-1/2"	10.5#	908' MD	Class "A"	90	seal, 700# salt, 90#
Pre-perf. & Tapered Liner		3-1/2"	9.3#	3161.48' MD			Metso, 500# gel, 25# diacel

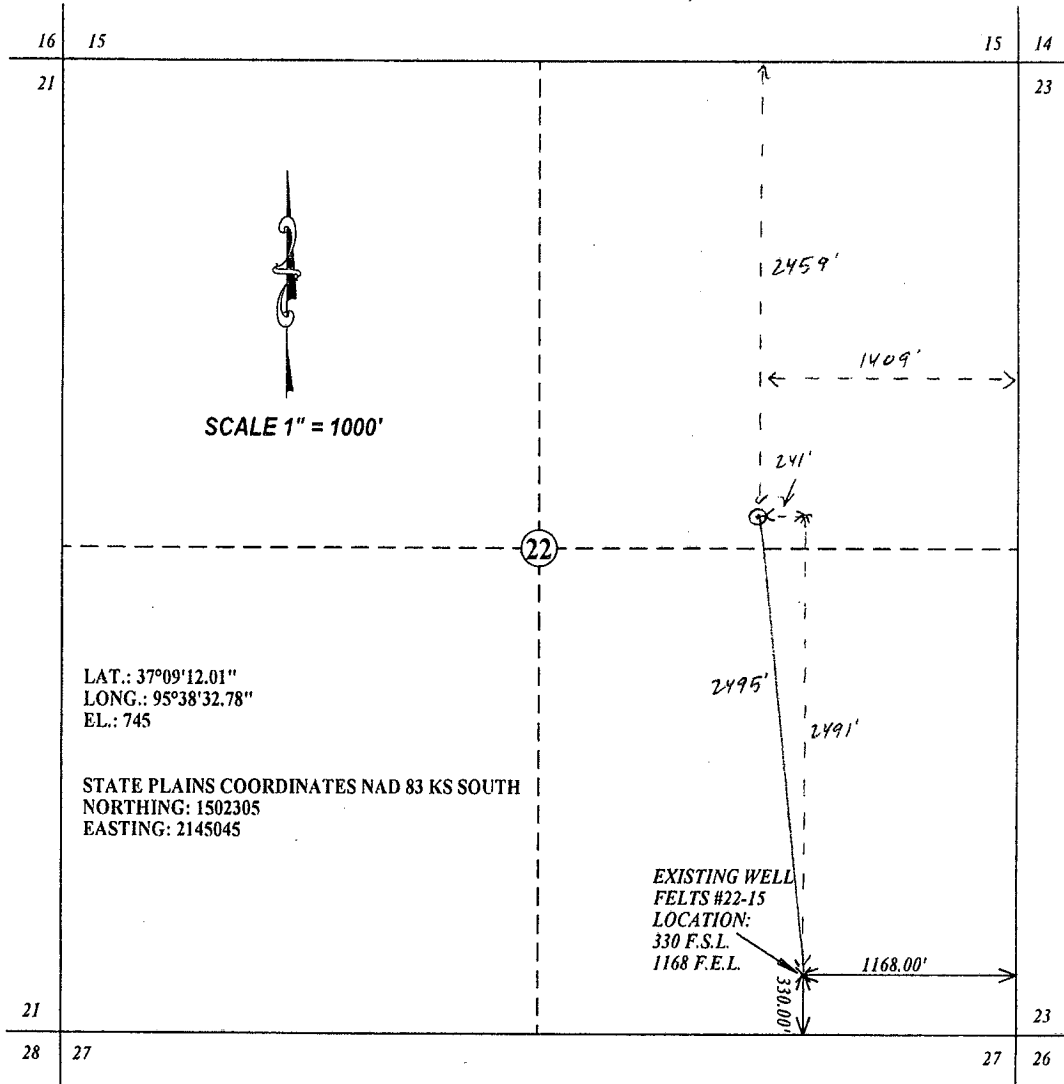
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	None		
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TUBING RECORD:	Size: <u>2-3/8"</u>	Set At: <u>889'</u>	Packer At: <u>843'</u>	Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>3-24-09</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>74</u>	Water Bbls. <u>95</u>	Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	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
STANDARD SECTION 22,
T-33-S, R-16-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.

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1/16" = 66.4'

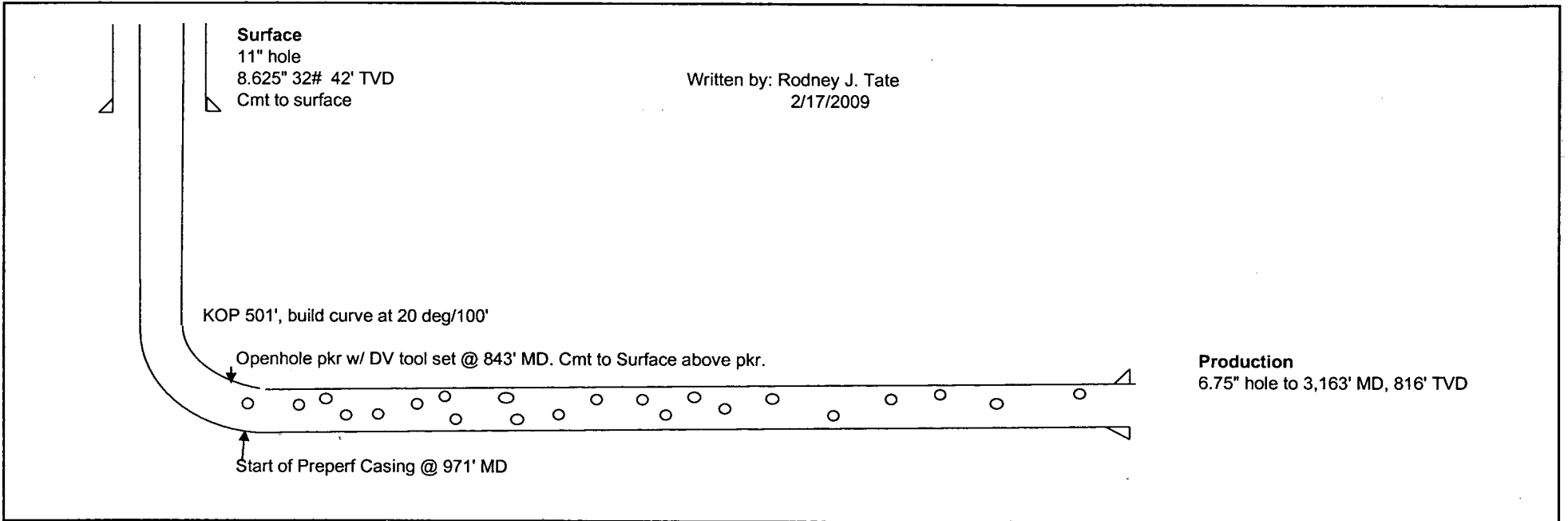
SCALE 1" = 1000' / 66.4'	DATE 09/11/08	 <p>580-759-3886 RT 2 BOX 191B STRATFORD, OK 74872</p>	FOR: CEP MID-CONTINENT, LLC 15 WEST 6TH STREET 14TH FLOOR TUSLA, OK 74119-5415
SHEET 1 OF 1	DATE REVISED 02/09/09		ORDERED BY: RODNEY TATE Actual 2/17/09
DRAWN BY: D.L.	PROJECT# CLS-08-3282		
CHECKED BY: F.W.D.	DATE OF SURVEY 09/10/08		

Actual Well Felts 22-15 Wellbore Diagram

Actual Surface Loc: SE/4 Sec 22 T33S – R16E - Kanmap
 Actual Surface Loc: 330' FSL, 1,168' FEL, ELEV 745'
 Actual Bottomhole Loc: NE/4 Sec 22 T33S – R16E
 Actual Bottomhole Loc, Start of Target: 648' FSL, 1,227' FEL Sec 22
 Actual Bottomhole Loc, End of Target: 2,459' FNL, 1,409' FEL Sec 22 Azim 355°
 Actual Vertical Section: 2,499'
 Actual Lateral Length: 2,187'

Horizontal Weir-Pitt Coal

	Size	Wt	# jts.	Length	MD	TVD
Surface Casing	8.625"	32#	NA	42.00	42.00	42
Production Casing	4.5"	10.5#	25	815.27	815.27	745
Stage Tool	4.5"			2.00	817.27	746
Ann. Csg. Pkr	4.5"			26.00	843.27	761
Production Casing	4.5"	10.5#	2	65.20	908.47	783
4.5" x 3.5" X-over				0.87	909.34	784
Blank Liner	3.5"	9.3#	2	61.60	970.94	795
Preperf Liner	3.5"	9.3#	68	2,160.49	3,131.43	816
tapered perf liner	3.5"	9.3#	1	30.05	3,161.48	816



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Scientific Drilling International

Survey Completion Report

Company: Constellation Energy Partners	Date: 2/17/2009	Time: 08:34:47	Page: 1
Field: Montgomery County, KS	Co-ordinate(NE) Reference:	Well: Felts 22-15, True North	
Site: Section 22 - 33S - 16E	Vertical (TVD) Reference:	Felts 22-15 750.0	
Well: Felts 22-15	Section (VS) Reference:	Well (0.00N,0.00E,350.00Azi)	
Wellpath: Original Wellpath	Survey Calculation Method:	Minimum Curvature	Db: Sybase

Survey: Survey #1	Start Date: 2/17/2009
Company: Scientific Drilling Int'l.	Engineer: Hancock
Tool:	Tied-to: From Surface

Field: Montgomery County, KS Montgomery County, KS	Map System: US State Plane Coordinate System 1983	Map Zone: Kansas, Southern Zone
Geo Datum: GRS 1980	Coordinate System: Well Centre	
Sys Datum: Mean Sea Level	Geomagnetic Model: igf2005	

Site: Section 22 - 33S - 16E

Sec 22-33S-16E

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:	1.76 deg

Well: Felts 22-15	Slot Name:	
Felts 22-15		
Well Position: +N/-S 0.0 ft	Northing: 1502306.17 ft	Latitude: 37 9 12.040 N
+E/-W 0.0 ft	Easting: 2144898.69 ft	Longitude: 95 38 34.640 W
Position Uncertainty: 0.0 ft		

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Wellpath: Original Wellpath	Drilled From: Surface		
Original Wellpath Felts 22-15	Tie-on Depth: 0.0 ft		
Current Datum: Felts 22-15	Above System Datum: Mean Sea Level		
Magnetic Data: 10/8/2008	Declination: 3.46 deg		
Field Strength: 52432 nT	Mag Dip Angle: 65.73 deg		
Vertical Section: Depth From (TVD) ft	+N/-S ft	+E/-W ft	Direction deg
0.0	0.0	0.0	350.00

MD ft	Incl deg	Azim deg	TVD ft	N/S ft	E/W ft	VS ft	DLS deg/100ft	ClsD ft	ClsA deg	Comment
0.0	0.00	0.00	0.0	0.0	0.0	0.0	0.00	0.0	0.00	
280.0	0.32	339.78	280.0	0.7	-0.3	0.8	0.11	0.8	339.78	
458.0	0.61	359.20	458.0	2.1	-0.5	2.2	0.18	2.2	348.03	
470.0	0.68	12.18	470.0	2.3	-0.4	2.3	1.35	2.3	349.05	
502.0	1.62	4.27	502.0	2.9	-0.4	2.9	2.97	2.9	352.82	
512.0	3.24	355.41	512.0	3.3	-0.4	3.4	16.54	3.4	353.52	Higginsville
533.0	6.69	350.94	532.9	5.1	-0.6	5.2	16.54	5.2	353.13	
548.3	10.29	347.29	548.0	7.4	-1.1	7.4	23.81	7.4	351.79	L Osage
553.9	11.61	346.52	553.5	8.4	-1.3	8.5	23.81	8.5	351.18	
565.0	14.25	345.41	564.3	10.8	-1.9	11.0	23.81	11.0	349.99	
579.3	17.52	345.69	578.1	14.6	-2.9	14.9	22.94	14.9	348.83	Mulky
585.5	18.96	345.78	584.0	16.5	-3.4	16.8	22.94	16.8	348.47	
597.0	21.59	345.92	594.8	20.3	-4.3	20.8	22.94	20.8	347.97	
609.3	25.01	347.49	606.1	25.1	-5.5	25.6	28.18	25.7	347.74	IP
611.4	25.60	347.72	608.0	26.0	-5.6	26.5	28.18	26.6	347.73	
620.5	28.13	348.60	616.1	30.0	-6.5	30.7	28.18	30.7	347.79	Bev
628.0	30.21	349.22	622.6	33.6	-7.2	34.3	28.18	34.3	347.91	
645.2	34.89	350.83	637.2	42.7	-8.8	43.6	27.64	43.6	348.37	Cr
660.0	38.92	351.94	649.0	51.5	-10.1	52.4	27.64	52.4	348.89	
691.0	46.08	354.08	671.8	72.2	-12.6	73.3	23.56	73.3	350.08	
704.9	47.83	354.36	681.3	82.3	-13.7	83.5	12.65	83.5	350.59	Min
723.0	50.10	354.71	693.2	95.9	-14.9	97.1	12.65	97.1	351.14	
755.0	54.34	354.99	712.8	121.1	-17.2	122.3	13.27	122.3	351.91	
786.0	57.40	352.83	730.2	146.6	-19.9	147.9	11.43	148.0	352.25	

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Wellpath: Original Wellpath	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
796.1	58.33	352.16	735.5	155.1	-21.1	156.4	10.77	156.5	352.27	Tebo
818.0	60.35	350.75	746.7	173.7	-23.9	175.2	10.77	175.4	352.18	
849.0	63.51	347.91	761.3	200.6	-28.9	202.6	13.01	202.7	351.79	
881.0	67.82	346.29	774.5	229.0	-35.5	231.7	14.24	231.7	351.20	
913.0	74.04	345.64	784.9	258.3	-42.8	261.8	19.53	261.8	350.60	
916.8	74.88	345.62	785.9	261.8	-43.7	265.4	22.48	265.4	350.53	Weir Pitt
945.0	81.23	345.44	791.8	288.6	-50.6	293.0	22.48	293.0	350.06	
976.0	84.27	344.51	795.7	318.3	-58.6	323.6	10.25	323.6	349.57	
979.5	85.23	344.78	796.0	321.6	-59.5	327.1	28.73	327.1	349.52	
1008.0	93.12	347.00	796.4	349.2	-66.4	355.5	28.73	355.5	349.23	
1040.0	92.92	346.80	794.7	380.4	-73.7	387.4	0.88	387.4	349.04	
1071.0	90.64	346.76	793.8	410.5	-80.8	418.3	7.36	418.4	348.87	
1103.0	88.05	346.89	794.1	441.7	-88.0	450.3	8.10	450.4	348.73	
1135.0	86.77	346.93	795.6	472.8	-95.3	482.2	4.00	482.3	348.61	
1166.0	86.47	346.98	797.4	503.0	-102.3	513.1	0.98	513.3	348.51	
1198.0	88.15	348.14	798.9	534.2	-109.2	545.0	6.38	545.2	348.45	
1230.0	90.24	349.77	799.4	565.6	-115.3	577.0	8.28	577.2	348.48	
1261.0	90.94	350.43	799.0	596.1	-120.6	608.0	3.10	608.2	348.56	
1293.0	90.77	350.60	798.6	627.7	-125.9	640.0	0.75	640.2	348.66	
1325.0	88.15	350.08	798.9	659.2	-131.3	672.0	8.35	672.2	348.74	
1356.0	87.88	350.49	799.9	689.8	-136.5	703.0	1.58	703.1	348.81	
1388.0	90.50	351.02	800.4	721.3	-141.6	735.0	8.35	735.1	348.89	
1420.0	90.30	351.13	800.2	752.9	-146.6	767.0	0.71	767.1	348.98	
1452.0	88.59	351.08	800.5	784.6	-151.5	799.0	5.35	799.1	349.07	
1483.0	88.29	351.25	801.3	815.2	-156.3	829.9	1.11	830.0	349.15	
1515.0	87.25	351.09	802.6	846.8	-161.2	861.9	3.29	862.0	349.22	
1547.0	87.51	351.78	804.0	878.4	-166.0	893.9	2.30	893.9	349.30	
1579.0	88.72	353.00	805.1	910.1	-170.2	925.8	5.37	925.9	349.41	
1610.0	87.98	353.35	806.0	940.9	-173.9	956.8	2.64	956.8	349.53	
1642.0	88.42	353.42	807.0	972.6	-177.6	988.7	1.39	988.7	349.65	
1673.0	88.96	353.87	807.7	1003.4	-181.0	1019.6	2.27	1019.6	349.78	
1705.0	89.13	353.64	808.2	1035.2	-184.5	1051.5	0.89	1051.5	349.90	
1737.0	88.42	353.77	808.9	1067.0	-188.0	1083.5	2.26	1083.5	350.01	
1768.0	88.32	354.07	809.8	1097.8	-191.3	1114.4	1.02	1114.4	350.12	
1800.0	90.17	355.00	810.2	1129.7	-194.3	1146.3	6.47	1146.3	350.24	
1832.0	89.66	355.48	810.2	1161.6	-197.0	1178.1	2.19	1178.2	350.38	
1863.0	89.19	355.57	810.6	1192.5	-199.4	1209.0	1.54	1209.0	350.51	
1895.0	90.77	357.02	810.6	1224.4	-201.5	1240.8	6.70	1240.9	350.66	
1927.0	90.13	356.16	810.3	1256.4	-203.4	1272.6	3.35	1272.7	350.81	
1958.0	90.30	356.30	810.2	1287.3	-205.4	1303.4	0.71	1303.6	350.93	
1989.0	89.60	356.09	810.2	1318.2	-207.5	1334.2	2.36	1334.5	351.06	
2021.0	90.17	356.33	810.3	1350.2	-209.6	1366.0	1.93	1366.3	351.18	
2052.0	89.80	356.25	810.3	1381.1	-211.6	1396.8	1.22	1397.2	351.29	
2084.0	90.40	356.68	810.2	1413.0	-213.5	1428.6	2.31	1429.1	351.41	
2116.0	90.57	356.57	810.0	1445.0	-215.4	1460.4	0.63	1460.9	351.52	
2147.0	90.54	356.02	809.7	1475.9	-217.4	1491.2	1.78	1491.8	351.62	
2179.0	91.24	356.16	809.2	1507.8	-219.6	1523.1	2.23	1523.7	351.71	
2211.0	91.71	356.56	808.4	1539.8	-221.6	1554.9	1.93	1555.6	351.81	
2242.0	91.58	356.67	807.5	1570.7	-223.5	1586.6	0.55	1586.5	351.90	
2274.0	90.57	356.75	806.9	1602.6	-225.3	1617.4	3.17	1618.4	352.00	
2306.0	88.96	356.83	807.0	1634.6	-227.1	1649.2	5.04	1650.3	352.09	
2338.0	88.82	356.61	807.6	1666.5	-228.9	1681.0	0.81	1682.2	352.18	

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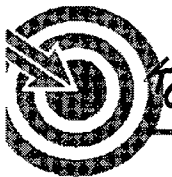
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Well: Felts 22-15	Section (VS) Reference:	Well (0.00N,0.00E,350.00Azi)	
Wellpath: Original Wellpath	Survey Calculation Method:	Minimum Curvature	Db: Sybase

Survey

MD ft	Incl deg	Azim deg	TVD ft	N/S ft	E/W ft	VS ft	DLS deg/100ft	CisD ft	CisA deg	Comment
2370.0	88.62	356.08	808.3	1698.4	-231.0	1712.8	1.77	1714.1	352.26	
2401.0	88.02	355.68	809.2	1729.4	-233.2	1743.6	2.33	1745.0	352.32	
2433.0	88.66	355.74	810.2	1761.2	-235.6	1775.4	2.01	1776.9	352.38	
2465.0	89.60	356.22	810.7	1793.2	-237.8	1807.2	3.30	1808.9	352.44	
2496.0	88.19	356.03	811.3	1824.1	-239.9	1838.0	4.59	1839.8	352.51	
2528.0	89.06	356.69	812.0	1856.0	-242.0	1869.8	3.41	1871.7	352.57	
2559.0	88.79	357.50	812.6	1887.0	-243.5	1900.6	2.75	1902.6	352.65	
2591.0	90.03	358.25	812.9	1918.9	-244.7	1932.3	4.53	1934.5	352.73	
2623.0	89.23	358.82	813.1	1950.9	-245.5	1963.9	3.07	1966.3	352.83	
2654.0	88.29	359.03	813.8	1981.9	-246.1	1994.5	3.11	1997.1	352.92	
2686.0	88.86	359.40	814.6	2013.9	-246.6	2026.1	2.12	2028.9	353.02	
2718.0	89.23	359.52	815.1	2045.9	-246.9	2057.7	1.22	2060.7	353.12	
2750.0	89.30	359.41	815.5	2077.9	-247.2	2089.2	0.41	2092.5	353.22	
2781.0	88.62	359.40	816.1	2108.9	-247.5	2119.8	2.19	2123.4	353.31	
2813.0	88.38	0.06	816.9	2140.9	-247.6	2151.4	2.19	2155.2	353.40	
2844.0	90.97	0.43	817.1	2171.9	-247.5	2181.9	8.44	2185.9	353.50	
2876.0	91.21	0.84	816.5	2203.9	-247.1	2213.3	1.48	2217.7	353.60	
2908.0	90.67	0.58	816.0	2235.9	-246.7	2244.7	1.87	2249.4	353.70	
2940.0	90.91	0.86	815.5	2267.9	-246.3	2276.2	1.15	2281.2	353.80	
2971.0	90.17	0.94	815.3	2298.8	-245.9	2306.6	2.40	2312.0	353.90	
3003.0	89.13	0.99	815.5	2330.8	-245.3	2338.0	3.25	2343.7	353.99	
3035.0	89.03	0.80	816.0	2362.8	-244.8	2369.5	0.67	2375.5	354.08	
3066.0	89.26	0.95	816.4	2393.8	-244.3	2399.9	0.89	2406.3	354.17	
3098.0	91.11	2.46	816.3	2425.8	-243.4	2431.2	7.46	2438.0	354.27	
3118.0	90.47	2.19	816.0	2445.8	-242.6	2450.8	3.47	2457.8	354.34	
3163.0	89.03	1.58	816.2	2490.8	-241.1	2494.8	3.48	2502.4	354.47	

RECEIVED
MAY 21 2009
KCC WICHITA

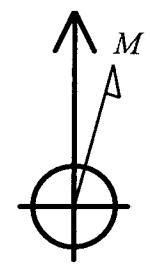


RECEIVED
MAY 7 2009
KCC WICHITA

Scientific Drilling

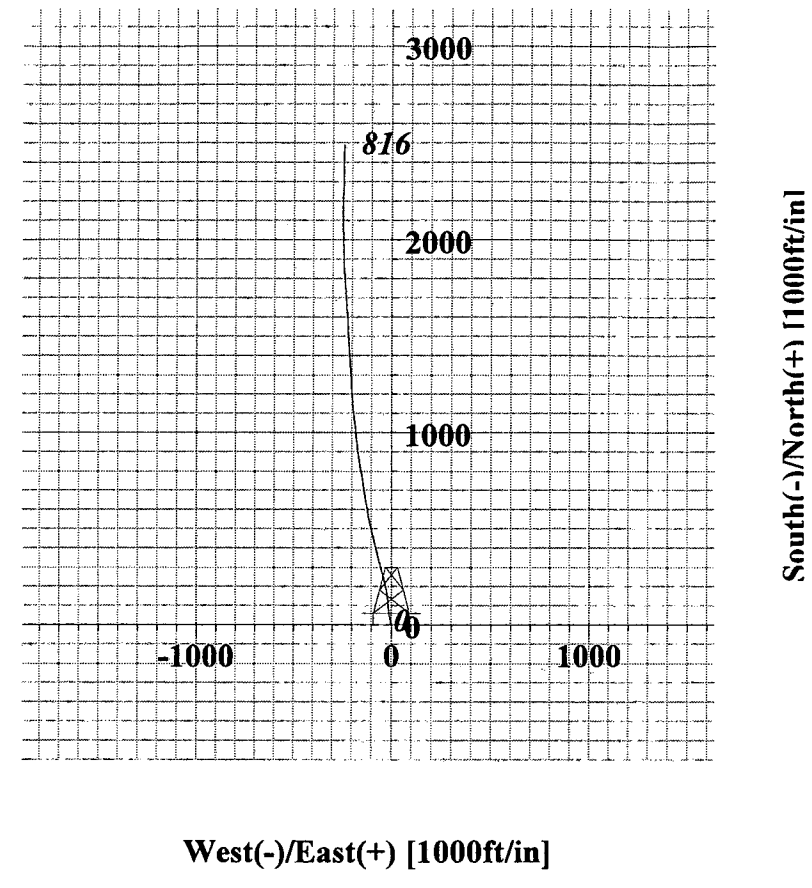
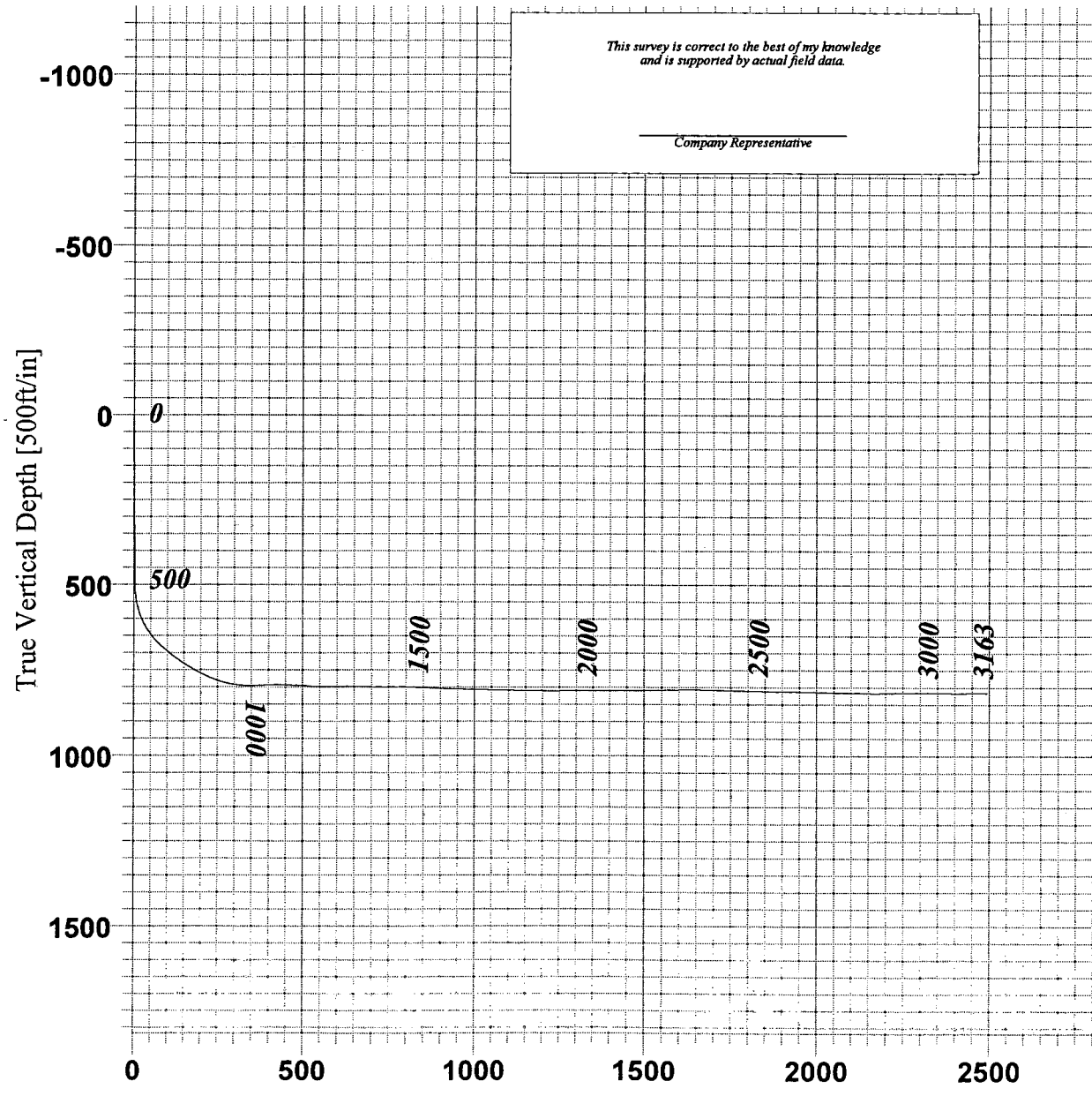
Constellation Energy Partners

Field: Montgomery County, KS
Site: Section 22 - 33S - 16E
Well: Felts 22-15
Wellpath: Original Wellpath
Survey: Survey #1



Azimuths to True North
Magnetic North: 3.46

Magnetic Field
Strength: 52432n
Dip Angle: 65.73
Date: 10/8/2009
Model: igrf200



Bottom Hole Location from Surface
816.2' TVD 2490.8' North & 241.1' West

Bottom Hole Vertical Section
3163.0' MD 2494.8 feet @ 350.0 Azimuth



CONSOLIDATED
Oil Field Services, LLC

TICKET NUMBER 21461

LOCATION Barthesville, OK

FOREMAN Kick Sanders

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
2-12-09	3115	Felts 22-15				Montgomery
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						

JOB TYPE Horizontal HOLE SIZE 6 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 843' DRILL PIPE _____ TUBING _____ OTHER PIR @ 843'
 SLURRY WEIGHT 13.1 SLURRY VOL 1.8 WATER gal/sk 9.1 CEMENT LEFT In CASING 0
 DISPLACEMENT 15 DISPLACEMENT PSI 600* MIX PSI 150* RATE 4.5 bpm

REMARKS: Dropped plug for packer & set @ 2400'. Ran gel/PCM & 10661 spacer, ran 90s of cement w/ 10" Kal Seal / 10% salt / 1" Metso / 4% Gel / .25" Diacel RPM / .25" Phenox. Washed out pump & lines, dropped plug & disp. to set. Shut down & washed up.
Set top plug @ 2200'

— Circ Cement to surf —

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE (Long String)		870.00
5406	50	MILEAGE		172.50
5407	1	Bulk TRK		296.00
5402	843'	Footage		180.31
5621	1	4 1/2 Plug Container		188.00
5609	3hrs	Stand-by (Pump TRK)		564.00
1104	90s x / 8460*	Cement (Class A)	#	1,184.40
1107A	25x / 80*	Phenoseal	#	86.40
1110A	185x / 900*	Kal Seal	#	351.00
1111	145x / 700*	Granulated Salt	#	217.00
1111A	90*	Metso Beads	#	153.00
1118B	105x / 500*	Premium Gel	#	80.00
1130	25*	Diacel RPM	#	129.20
			5.3% #	SALES TAX
				ESTIMATED TOTAL

RECEIVED
MAY 21 2009
KCC WICHITA

SALES TAX 116.65
ESTIMATED TOTAL 4,588.51

RevIn 3737

AUTHORIZATION [Signature]

TITLE # 228776

DATE



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 # 228776

Invoice Date: 02/16/2009 Terms:

Page 1

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

RECEIVED
FEB 19 2009
By _____

FELTS 22-15
21461
02/12/09

MAILED TO
FEB 24 2009
ACCOUNTING

Part Number	Description	Qty	Unit Price	Total
1104	CLASS "A" CEMENT	8460.00	.1400	1184.40
1107A	PHENOSEAL (M) 40# BAG)	80.00	1.0800	86.40
1110A	KOL SEAL (50# BAG)	900.00	.3900	351.00
1111	GRANULATED SALT (50 #)	700.00	.3100	217.00
1111A	SODIUM METASILICATE	90.00	1.7000	153.00
1118B	PREMIUM GEL / BENTONITE	500.00	.1600	80.00
1130	RPM	25.00	5.1700	129.25

Description	Hours	Unit Price	Total
398 CEMENT PUMP	1.00	870.00	870.00
398 EQUIPMENT MILEAGE (ONE WAY)	50.00	3.45	172.50
398 CASING FOOTAGE	949.00	.19	180.31
398 MISC. PUMP (CEMENT TRUCK) MIT WASH	3.00	188.00	564.00
PLUG 4 1/2" PLUG CONTAINER	1.00	188.00	188.00
538 MIN. BULK DELIVERY	1.00	296.00	296.00

RECEIVED
MAY 21 2009
KCC WICHITA

Account # 11927307 Property K50195 Amount 4129.66 AFE 44081508 SV 2/09

IMMEDIATE

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

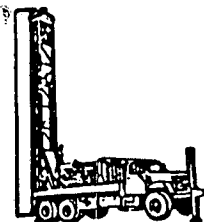
VENDOR # 100416
NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Parts:	2201.05	Freight:	.00	Tax:	116.65	AR	4588.51
Labor:	.00	Misc:	.00	Total:	4588.51		
Sublt:	.00	Supplies:	.00	Change:	.00		

DISCOUNT 458.85

Signed _____

Date 4129.66



PENSE BROS. DRILLING CO., INC.

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

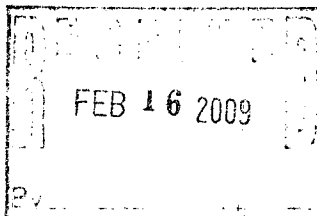
6329

Date February 12, 2009

CEP Mid-Continent

P.O. Box 970

Skiatook, OK 74070



MAILED
DATE
FEB 18 2009
ACCOUNTING

Felts
Well #22-15

RECEIVED
MAY 21 2009
KCC WICHITA

4	Hours rigtime @ \$510.00/hr. (drilling)	2-09-09	\$ 2,040.00
24	Hours rigtime @ \$510.00/hr. (drilling)	2-10-09	12,240.00
24	Hours rigtime @ \$510.00/hr. (drilling)	2-11-09	12,240.00
11	Hours rigtime @ \$510.00/hr. (drilling)	2-12-09	5,610.00

Amount Due \$32,130.00

TERMS: NET 10 DAYS AFTER 30 DAYS A

Account #	Property	Amount	AFE	SV	% PER MONTH, PERCENTAGE RATE
1927202	150195	32130.00	4081508	2	100

ALL PAST DUE

Reviewed by *[Signature]*

Approved by *[Signature]*

Approved by *[Signature]*

Date Paid

Check No.

VENDOR #

10897

NSE 986 CEP 976

MCOS 985

IMMEDIATE

OVERNITE

Drilling

74033

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# _____
 Date: 02-09-08 Interval From: _____ To: _____
 Day of the Week: MON
 Customer/Operator: CEP

Surface
Pipe-Tally
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Total

Start AM Finish AM
 Time: 8:00 PM Time: 2:00 PM
 Noon to Midnight Midnight to Noon

Location/State: KS County: Montgomery

EMPLOYEE:		EQUIPMENT	
Toolpusher	<u>Jim Casselman</u>	Booster #	_____
Driller	<u>José Pedraza</u>	Compressor #	_____
Helper	<u>Rogelio Gomez</u>	Compressor #	_____
Helper	<u>Joe Napier</u>	Other	<u>283</u>
Helper	<u>Oscar Pedraza</u>	Other	<u>284</u>
Other	_____	Other	_____

RECEIVED
 MAY 21 2009
 KCC WICHITA

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

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

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

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

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

Toolpusher or Driller signature: _____

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

Toolpusher _____	Helper <u>Joe Napier</u>
Driller <u>José Pedraza</u>	Helper _____
Helper <u>Rogelio 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	<u>1 Gal. Polymer</u>		
7-8			
8-9	<u>Safety meeting, spot Rig and equipment</u>		
9-10	<u>wait for B.O.P., B.O.P. set on, Rig up,</u>		
10-11	<u>unload tools, wait for scientific tools</u>		
11-12	<u>wait for scientific tools</u>		
12-1	<u>wait for scientific tools, scientific tools Rig up</u>		
1-2	<u>scientific tools rig up, tally pipes, tripping</u>		
2-3	<u>Bottom 501' start circulate 2:05 AM, Drilling</u>	<u>576'</u>	<u>900</u>
3-4	<u>Drilling 6 3/4</u>	<u>608'</u>	<u>900</u>
4-5	<u>Drilling 6 3/4 stop on 671' work on pumps, lay down 1 jlt</u>		
5-6	<u>work on pump</u>		
6-7	<u>Drilling 6 3/4</u>	<u>748'</u>	<u>900</u>
7-8	<u>Drilling 6 3/4</u>	<u>811'</u>	<u>900</u>

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 22-15

Date: 02-10-09 Interval From: To:

Start AM Finish AM Day of the Week: TUE

Time: 8:00 PM Time: 8:00 PM Customer/Operator: CEP

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

EMPLOYEE: EQUIPMENT

Toolpusher Terry Stanton Booster # RECEIVED
 Driller Jacobo Guerrero Compressor # MAY 21 2009
 Helper Jose A Novella Compressor # 283
 Helper Ricardo Lopez Other 284 KCC WICHITA
 Helper Ricky Smith Other

Hammer: Hammer Bit: Tri-cone Bit: 6 3/4
 Make Make Make Reed
 Size Model Model SL 51
 SN Choke IADC#

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 Ricardo Lopez
 Driller Jacobo Guerrero Helper Ricky Smith
 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>172 Gal polymer</u>		
7-8			
8-9	<u>Safety meeting Drilling 6 3/4 curve</u>	<u>860</u>	<u>900</u>
9-10	<u>Drilling 6 3/4</u>	<u>924</u>	<u>1000</u>
10-11	<u>Drilling 6 3/4</u>	<u>974</u>	<u>1000</u>
11-12	<u>Drilling 6 3/4</u>	<u>1019</u>	<u>1000</u>
12-1	<u>stop 1019 circulate Trip out 12:30</u>		
1-2	<u>Trip out Lay Down Scientific tools</u>		
2-3	<u>scientific tools up</u>		
3-4	<u>scientific tools up Trip in</u>		
4-5	<u>Trip in Bottom 1019 Jolly pipe Drilling</u>	<u>1035</u>	<u>1000</u>
5-6	<u>Drilling 6 3/4</u>	<u>1084</u>	<u>1000</u>
6-7	<u>Drilling 6 3/4 stop for Lightening</u>		
7-8	<u>Lightening</u>	<u>1090</u>	<u>1000</u>

Surface	Pipe-Tally
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Total	

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 22-13
 Date: 02-10-09 Interval From: _____ To: _____
 Day of the Week: TUE
 Customer/Operator: CEP

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: EQUIPMENT
 Toolpusher Jim Caselman Booster # _____
 Driller Jose Pedraza Compressor # _____ RECEIVED
 Helper Rogelio Gomez Compressor # _____
 Helper Joe Napier Other 283 MAY 21 2008
 Helper Oscar Pedraza Other 284
 Other _____ Other _____ KCC WICHITA

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

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

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

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

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

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

Toolpusher _____ Helper Joe Napier
 Driller Jose Pedraza Helper Rogelio Gomez
 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	1 1/2 Gal. Polymer		
7-8			
8-9	safety meeting, shot down for storm, drilling	1102'	900
9-10	Drilling 6 3/4"	1147'	900
10-11	Drilling 6 3/4"	1202'	900
11-12	Drilling 6 3/4"	1242'	900
12-1	Drilling 6 3/4"	1308'	900
1-2	Drilling 6 3/4"	1400'	900
2-3	Drilling 6 3/4"	1458'	900
3-4	Drilling 6 3/4"	1530'	900
4-5	Drilling 6 3/4"	1610'	900
5-6	Drilling 6 3/4"	1763'	900
6-7	Drilling 6 3/4"	1907'	900
7-8	Drilling 6 3/4"	1984'	900

73391

Pense Bros. Drilling Co., Inc.

DRILLING REPORT-DAY SHIFT

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 22-15
 Date: 2-11-09 Interval From: _____ To: _____
 Day of the Week: Wed
 Customer/Operator: CER
 Location/State: KS County: MONROE

Surface
Pipe-Tally
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44
45
Total

Start Time 8:00 ^(AM) PM
 Finish Time 8:00 AM ^(PM)
 Noon to Midnight Midnight to Noon

EMPLOYEE:

Toolpusher Jerry Stanton
 Driller Jacobo Cuervo
 Helper Jose A Novella
 Helper Pablo Vozquez
 Helper Ricky Smith
 Other _____

EQUIPMENT

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

RECEIVED
 MAY 21 2009
 KCC WICHITA

Hammer: _____ Hammer Bit: _____ Tri-cone Bit: 6 3/4
 Make _____ Make _____ Make Reed
 Size _____ Model _____ Model SLSI
 SN _____ Choke _____ IADC# _____
 SN _____

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

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

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

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

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

Toolpusher Jerry Stanton Helper Pablo Vozquez
 Driller Jacobo Cuervo Helper Ricky Smith
 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 _____

Time	Operation/Activity	Depth	Pressure
6-7	<u>2 Gal polymer</u>		
7-8			
8-9	<u>Safety meeting Drilling 6 3/4 Lateral</u>	<u>2110</u>	<u>1000</u>
9-10	<u>Drilling 6 3/4</u>	<u>2161</u>	<u>1000</u>
10-11	<u>Drilling 6 3/4</u>	<u>2265</u>	<u>1000</u>
11-12	<u>Drilling 6 3/4</u>	<u>2293</u>	<u>1000</u>
12-1	<u>Drilling 6 3/4</u>	<u>2330</u>	<u>1000</u>
1-2	<u>Drilling 6 3/4</u>	<u>2415</u>	<u>1000</u>
2-3	<u>Drilling 6 3/4</u>	<u>2510</u>	<u>1000</u>
3-4	<u>Drilling 6 3/4</u>	<u>2636</u>	<u>1000</u>
4-5	<u>Drilling 6 3/4</u>	<u>2763</u>	<u>1000</u>
5-6	<u>Drilling 6 3/4</u>	<u>2889</u>	<u>1000</u>
6-7	<u>Drilling 6 3/4</u>	<u>3015</u>	<u>1000</u>
7-8	<u>Drilling 6 3/4</u>	<u>3142</u>	<u>1000</u>

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 22-15
 Date: 02-11-09 Interval From: _____ To: _____
 Day of the Week: WED
 Customer/Operator: CEP

Start _____ AM Finish _____ AM
 Time 8:00 (PM) Time _____ PM
 Noon to Midnight Midnight to Noon

Location/State: KS County: Montgomery

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

EMPLOYEE:		EQUIPMENT:	
Toolpusher <u>Jim Casselman</u>	Booster # _____	Compressor # _____	Compressor # _____
Driller <u>José Pedraza</u>	Other _____	Other <u>283</u>	Other _____
Helper <u>Rogelio Gomez</u>	Other _____	Other <u>284</u>	Other _____
Helper <u>Joe Napier</u>	Other _____		
Helper <u>Oscar Pedraza</u>	Other _____		

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

RECEIVED

MAY 21 2009

KCC WICHITA

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 _____
 Driller José Pedraza Helper [Signature]
 Helper Rogelio 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	<u>1 Gal. polymer</u>		
7-8			
8-9	<u>Safety meeting, Drilling 6 3/4, TD 3163'</u>		
9-10	<u>circulate, triport</u>		
10-11	<u>Triport</u>		
11-12	<u>Triport</u>		
12-1	<u>lay down scientific tools</u>		
1-2	<u>removing B.O.P</u>		
2-3	<u>Tally casing</u>		
3-4	<u>Run 3 1/2</u>		
4-5	<u>" "</u>		
5-6	<u>" " X over make up</u>		
6-7	<u>Tally 4 1/2 casing Run 4 1/2 casing</u>		
7-8	<u>Run 4 1/2 casing, Rig down, pump cement</u>		

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

DRILLING REPORT-DAY SHIFT

73393

Rig# 24 Well# 22-15
 Date: 02-12-08 Interval From: _____ To: _____
 Day of the Week: THU
 Customer/Operator: CER
 Location/State: MO County: MONGO

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

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

EMPLOYEE:		EQUIPMENT	
Toolpusher <u>Terry Stanton</u>		Booster # _____	
Driller <u>Jacobo Guerrero</u>		Compressor # _____	
Helper <u>Jose A Novella</u>		Compressor # _____	
Helper <u>PABLO VOZQUEZ</u>		Other <u>283</u>	
Helper <u>Ricky Smith</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 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 Terry Stanton Helper PABLO VOZQUEZ
 Driller Jacobo Guerrero Helper Ricky Smith
 Helper _____ 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			
7-8			
8-9	<u>Safety meeting pick up hoses</u>		
9-10	<u>Oh pick up tools wash tank</u>		
10-11	<u>w pick up tools</u>		
11-12			
12-1			
1-2			
2-3			
3-4			
4-5			
5-6			
6-7			
7-8			

RECEIVED
 MAY 21 2009
 KCC WICHITA



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

S
O
L
C
D

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

RECEIVED
MAR 09 2009
By _____

Subject to terms and conditions on reverse.

353107
2/28/2009
MAIL TO DATE

MAR 12 2009 Page: 1

Customer Order No. **PENSE 24** MONTGOMERY CO, KS
Location or Shipped To **FELTS 22-15**
Well Name and No.

ACCOUNTING
137975
Work Order # **3490209078**
Job No.

HORZ DRILLING SVCS	\$7,800.00	2.00	\$15,600.00
STAND-BY	\$4,100.00	1.00	\$4,100.00
COMPUTER SVCS	\$500.00	1.00	\$500.00
INS BATTERY	\$600.00	5.00	\$3,000.00
MOTOR INSP	\$850.00	2.00	\$1,700.00
FLOAT	\$650.00	1.00	\$650.00
SMART MOTOR SVCS	\$3,500.00	2.00	\$7,000.00
DIS #13378	\$744.70	1.00	\$744.70

RECEIVED
MAY 21 2009
KCC WICHITA

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

Account #	Property	Amount	AFE	SV
11927204	150195	33294.70	44081508	2/09

VENDOR # 10939
NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Subtotal	\$33,294.70
Misc	\$0.00
Tax	\$0.00
Credits	\$0.00
Total	\$33,294.70

Terms from Document Date: Net 30 95-2670371



Scientific Drilling

Scientific Drilling International Inc.

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

137975

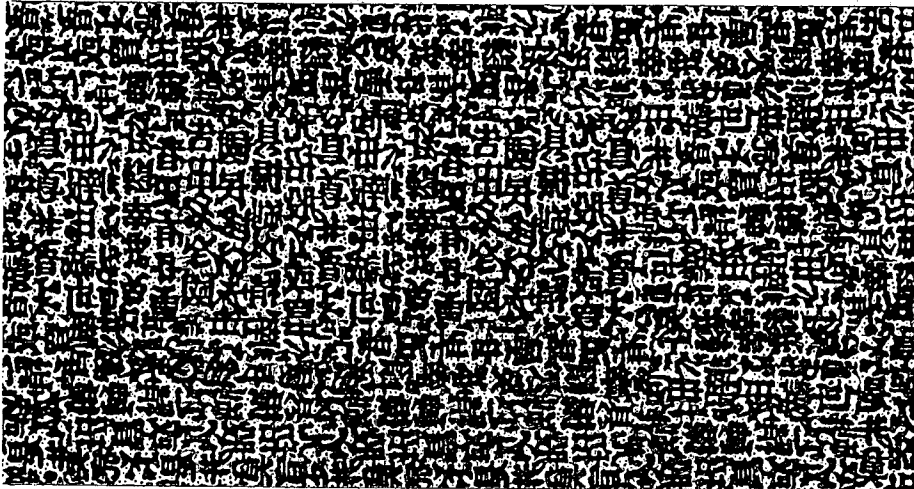
WORK ORDER _____
PAGE 1 OF 1

CUSTOMER NAME & BILLING ADDRESS:		SDI CUSTOMER :	CUSTOMER P.O. / AFE
Amvest-Constellation		130034	JOB NUMBER 34H0209078
P.O. Box 970		JOB START 10 Feb 09 TIME 0000	
Skiatook, Oklahoma 74070		JOB END 12 Feb 09 TIME 0230	
CUSTOMER WELL NAME & NUMBER FELTS 22-15		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>George Vell</i> SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
CITY	COUNTY	STATE	
Montgomery Co., KS		LEASE OR BLOCK	

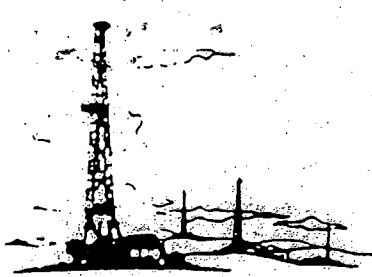
ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		HORIZONTAL DRILLING PACKAGE*			7,800.00	2	DAY	15,600.00
		<i>Includes 2 Supervisors, Living Expenses, Misc. Subs, Downhole Motors, E-Field System w/Operators, NMDC</i>						
		Stand By Charges			4,100.00	1	day	4100.-
		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	5	each batt	3,000.00
		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			2.00		mile	
		Floats (Sale Item)			650.00	1	each	650.00
		Smart Motor Charge			3,500.00	2	day	7,000.00
		INSPECTION-DIS# 13378						744.70

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MAY 21 2009
KCC WICHITA

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



TAX CODE	SUB-TOTAL	33,000.00
	STATE SALES TAX	
	LOCAL SALES TAX	
0.-	TOTAL INVOICE AMT.	33294.70
SDI FIELD REPRESENTATIVE <i>W. J. Hancock</i>		
SDI DISTRICT MANAGER <i>Donald J.</i>		
DIRECTIONAL COMPANY		



DRILTECH

Inspection Services

INVOICE 13378

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

Date 2/12/09

CHARGE TO Service Drilling

Rig _____

ADDRESS _____

Location OKC

CITY _____

Customer Norman

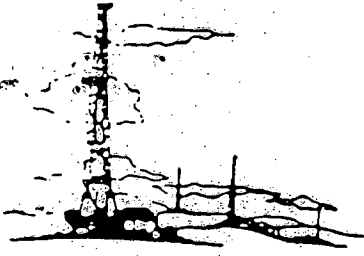
RECEIVED BY _____

Tab 078

SIZE	CONNECTION	DESCRIPTION	UNIT PRICE	AMOUNT
		Dive Pent Inspection		
2	4	Drill Collar w/3/4"TF	44 ³⁵ per	177 ⁴⁰
1	2	Support w/3/4"TF	↑	88 ⁷⁰
1	2	CBOP w/3/4"TF	↓	88 ⁷⁰
1	2	Heavy Drill Collar w/3/4"TF	44 ³⁵ per	88 ⁷⁰
1	2	Support Set Screw Nuts	82 ⁵⁰ per	16 ⁵⁰
		Ultrasonic Inspection		
1	1	Support w/3/4"TF	150 per	150 ⁷
		Magnetic Particle Test		
1	2	Floater w/3/4"TF	22 ³⁵ per	44 ⁷⁰
		Rotoms		
	3	Boxes 3	15 per	45 ⁷
	3	Boxes 3	15 per	45 ⁷
RECEIVED				
MAY 21 2009				
KCC WICHITA				
			TOTAL	714 ⁷⁰ 200

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



DRILTECH

Inspection Services

INSPECTION REPORT

Date: 2-12-2009

Customer: [Signature]

Job # 078

SERIAL NO.	TYPE	PIN	BOX	COMMENTS		
#1 121-026	Drill Coll	3 1/2 TF	OK	3 1/2 TF OK	4 1/16 x 2 3/4	
#2 121-125	Drill Coll	3 1/2 TF	↑	3 1/2 TF	Methods	4 3/4 x 2 3/4
#3 8-194	Sub	3 1/2 TF		3 1/2 TF	Methods	4 1/16 x 2 3/4
#4 69-206	CSSO	3 1/2 TF		3 1/2 TF	OK	4 5/8 x 2 1/4
#5 17-093	Heavy N	3 1/2 TF	↓	3 1/2 TF	OK	4 3/4 x 2 3/4
6 8-265	Float	3 1/2 TF	OK	3 1/2 TF	Imp Recut	4 5/8 x 2 3/4
7						
8						
9						
10	NOTE: 8-194 Ultrasonic Inspection - OK					
11						
12						
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RECEIVED
MAY 21 2009
KCC WICHITA



Scientific Drilling
International, Inc.

421 South Eagle Lane
Oklahoma City, OK 73128

DRILLING MOTOR RENTAL SUMMARY

No. _____

CUSTOMER CONSTELLATION

DATE 2-12-09

WELL NAME & NO. FELTS 22-15

SDI JOB NO. 34H0209078

LOCATION MONTGOMERY Co. KS

SDI W.O. NO. 137975

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	4222	2-10	501	1019	13	8	
4 3/4 7' 8, 2.2 SMART MOTOR	4252	2-10/2-12	1019	3163	35	22	
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

RECEIVED

COMMENTS _____

MAY 21 2009

KCC WICHITA

SIGNED BY: _____ SDI REPRESENTATIVE

AUTHORIZED BY: _____ CUSTOMER REPRESENTATIVE



Scientific Drilling

Scientific Drilling International, Inc.

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

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

INVOICE

130034

Subject to terms and conditions on reverse.

RECEIVED
MAR 27 2009

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

S
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353592

3/25/2009

MAIL TO
DATE

Page: 1

MAR 31 2009

ACCOUNTING

Customer Order No. PENSE MONTGOMERY CO., KS
 Location or Shipped To BELTS 22-15
 Well Name and No.

Work Order 137975A
 Job No. 3440209078

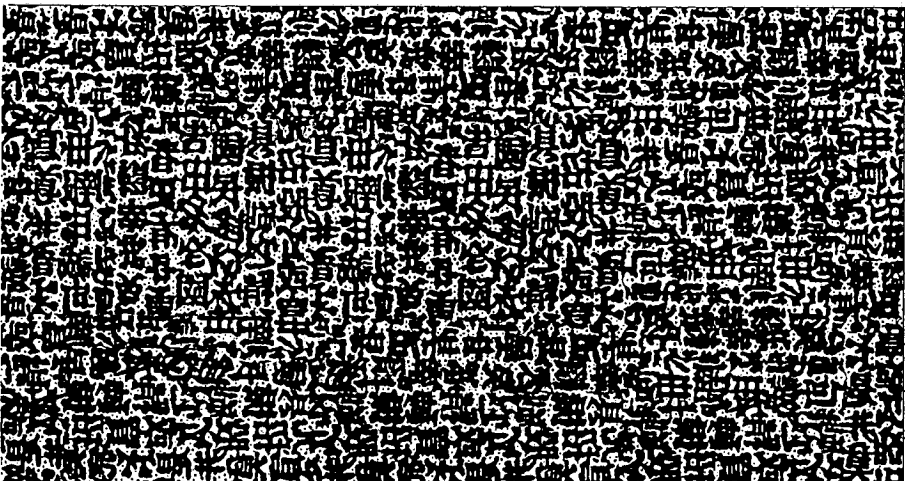
Account #	Property	Amount	AFE	SV
ADD BILL WO#137975 INV#353107		\$0.00		
GRAND #59968		\$250.00		
			1.00	\$0.00
			1.00	\$250.00
<p>RECEIVED MAY 21 2009 KCC WICHITA</p>				
<p>Reviewed by _____</p> <p>Approved by _____</p> <p>Approved by _____</p> <p>Date Paid _____</p> <p>Check No. _____</p>				
<p>Account # 11927204</p> <p>Property 150195</p> <p>Amount 250.00</p> <p>AFE 4681508</p> <p>SV 3/09</p>				
<p>VENDOR # 10939</p> <p>NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE</p>				
<p>Subtotal \$250.00</p> <p>Misc \$0.00</p> <p>Tax \$0.00</p> <p>Credits \$0.00</p> <hr/> <p>Total \$250.00</p>				
<p>Terms from Document Date: Net 30 95-2670371</p>				

CUSTOMER NAME & BILLING ADDRESS:		SDI CUSTOMER #:	CUSTOMER P.O. / AFE:
AMVEST - CONSTELLATION		130034	
PO BOX 970		JOB NUMBER	34110209078
SKIATOOK OK 74070		JOB START	2-10-9 TIME
		JOB END	2-12-9 TIME
CUSTOMER WELL NAME & NUMBER		RIG NAME AND NUMBER	<small>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.</small>
FELTS 22-15		PLUSE	
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 # 353107						
		REPAIR - G DAND # 59968						250.-

RECEIVED
MAY 21 2009
KCC WICHITA

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

	TAX CODE	SUB-TOTAL		250.-
		STATE SALES TAX		
		LOCAL SALES TAX		
		TOTAL INVOICE AMT.		250.-
	SDI FIELD REPRESENTATIVE			
SDI DISTRICT MANAGER				
				NS
DIRECTIONAL COMPANY				

GRAND MACHINE, INC.

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

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

SOLD TO		LEASE AND WELL NUMBER	
SCIENTIFIC DRILLING INTERNATIONAL 421 S EAGLE LANE OKC,OK. 73128			
		SHIPPED TO	ORDERED BY
		CUSTOMER AND STORE NUMBER	
CUSTOMER ORDER NUMBER	DATE ORDERED	INVOICE DATE	INVOICE NUMBER
443	2-13-09	2-28-09	No 59968
QUANTITY	DESCRIPTION		AMOUNT

078

8 194 (1) 4 3/4 SUPPORT SUB
DMT BOX

\$80.00

5 265 (1) 4 3/4 FLOAT SUB
RECUT BOX
PUSH BORE FLOAT

80.00
90.00

RECEIVED
MAY 21 2009
KCC WICHITA

TOTAL

\$250.00



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

137975

CUSTOMER NAME & BILLING ADDRESS: Amvest-Constellation		SDI CUSTOMER: 130034	JOB NUMBER 34H0209078	CUSTOMER P.O. / AFE
P.O. Box 970		JOB START: 10 Feb 09 TIME 0800		
Skiatook, Oklahoma 74070		JOB END: 12 Feb 09 TIME 0230		
CUSTOMER WELL NAME & NUMBER FELTS 22-15		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>Eric Vell</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*			7,800.00	2	DAY	15,600.00
		<i>Includes 2 Supervisors, Living Expenses, Misc. Subs, Downhole Motors, E-Field System w/Operators.</i>						
		Stand By Charges			4,100.00	1	day	4100.-
		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	5	each batt	3,000.00
		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			2.00		mile	
		Floats (Sale Item)			650.00	1	each	650.00
		Smart Motor Charge			3,500.00	2	day	2,000.00

INSPECTION-DIS# 13378

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						33,000.00
34-204-112-		600-		34-204-114-2160-			TOTAL INVOICE AMT. 33294.70
34-201-110-		9776-					SDI FIELD REPRESENTATIVE
34-204-110-		8476-					<i>W. J. Hamilton</i>
34-204-111-		3888-					SDI DISTRICT MANAGER
34-209-114-		650-					<i>Donald R.</i>
34-204-113-		7000-					DIRECTIONAL COMPANY
34-204-165-		744.70					

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

Subject to terms and conditions on reverse.

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

RECEIVED
APR 02 2009
 MAIL TO DATE

353691
 3/30/2009

Page: 1

APR 07 2009

ACCOUNTING

Customer Order No. PENSE MONTGOMERY CO, KS
 Location or Shipped To FELTS 22-15
 Well Name and No.

Work Order No. 137975B
3440209078
 Job No.

ADD BILL WO#137975 INV#353107	\$0.00	1.00	\$0.00																									
ESLEY COMM #2897	\$516.87	1.00	\$516.87																									
<p>RECEIVED MAY 21 2009 KCC WICHITA</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>15095</td> <td>516.87</td> <td>44081508</td> <td>3/09</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>	Account #	Property	Amount	AFE	SV	1927204	15095	516.87	44081508	3/09																<p>Reviewed by _____</p> <p>Approved by _____</p> <p>Approved by _____</p> <p>Date Paid _____</p> <p>Check No. _____</p>		
Account #	Property	Amount	AFE	SV																								
1927204	15095	516.87	44081508	3/09																								
<p>VENDOR # <u>10939</u></p> <p>NSE 986 <u>CEP 976</u> MCOS 985 IMMEDIATE OVERNITE</p>	<table border="1"> <tbody> <tr> <td>Subtotal</td> <td>\$516.87</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>\$516.87</td> </tr> </tbody> </table>			Subtotal	\$516.87	Misc	\$0.00	Tax	\$0.00	Credits	\$0.00	Total	\$516.87															
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Total	\$516.87																											
<p>Terms from Document Date: Net 30 95-2670371</p>																												



Scientific Drilling

Scientific Drilling International, Inc.

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

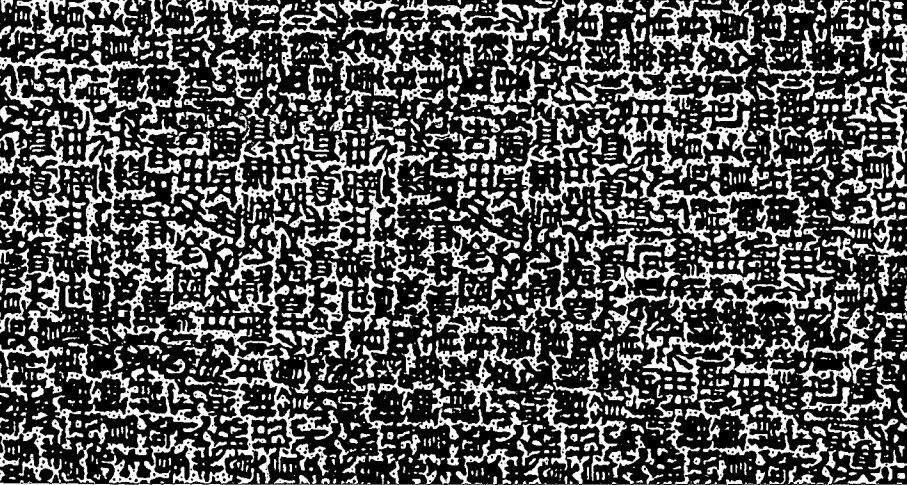
WORK ORDER 137975B
PAGE _____ OF _____

CUSTOMER NAME & BILLING ADDRESS: <u>ANVEST-CONSTELLATION</u>	SDI CUSTOMER : <u>130034</u>	CUSTOMER P.O. / AFE
<u>PO BOX 970</u>	JOB NUMBER <u>344 009078</u>	
<u>SKIATOOK OK 74070</u>	JOB START <u>2-10-9</u> TIME	
	JOB END <u>2-12-9</u> TIME	
CUSTOMER WELL NAME & NUMBER <u>FELTS 22-15</u>	RIG NAME AND NUMBER <u>DENSE</u>	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 <u>MONTGOMERY CO, KS</u>	LEASE OR BLOCK	
		X _____ SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		<u>ORIGINAL INVOICE # 353107</u>						
		<u>EASLEY COMMUNICATIONS # 2897</u>						<u>516.87</u>

RECEIVED
MAY 21 2009
KCC WICHITA

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



TAX CODE	SUB-TOTAL	<u>516.87</u>
	STATE SALES TAX	
	LOCAL SALES TAX	
	TOTAL INVOICE AMT.	<u>516.87</u>
SDI FIELD REPRESENTATIVE		
SDI DISTRICT MANAGER <u>Donald</u> <u>WS</u>		
DIRECTIONAL COMPANY		

ACCOUNTING

Easley Communications

320 East Wyandotte
McAlester, OK 74501

Invoice

Date	Invoice #
3/20/2009	2897

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

P.O. No.	Terms	Project

Qty	Description	Rate	Amount
	Felts 22-15 Pense Bro 24 Job # 34H0209078		
1	Rig Up 2-9-09	150.00	150.00
4	Communications 2-9-09 thru 2-12-09 Internet, Cell Phone Booster	65.00	260.00
1	Rig Down 2-12-09	150.00	150.00
	Minus 10%	-56.00	-56.00
1	Sales Tax	12.87	12.87

Consideration

RECEIVED
MAY 21 2009
KCC WICHITA

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	\$516.87
Sales Tax (9.0%)	\$0.00
Total	\$516.87
Payments/Credits	\$0.00
Balance Due	\$516.87



Scientific Drilling

Scientific Drilling International, Inc.

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

137975

WORK ORDER
COPY PAGE 1 OF 1

CUSTOMER NAME & BILLING ADDRESS: Amvest-Constellation		SDI CUSTOMER #: 130034	JOB NUMBER: 34H0209078	CUSTOMER P.O. / AFE
P.O. Box 970		JOB START: 10 Feb 09 TIME 0800		
Skiatook, Oklahoma 74070		JOB END: 12 Feb 09 TIME 0230		
CUSTOMER WELL NAME & NUMBER FELTS 22-15		RIG NAME AND NUMBER Pense 24		THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE WHEREOF INCLUDING THOSE IMPLYING WARRANTIES. I CERTIFY THAT THE ABOVE SERVICES AND/OR EQUIPMENT HAVE BEEN RECEIVED IN SATISFACTORY MANNER. x <i>Geo Veil</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*			7,800.00	2	DAY	15,600.00
		<i>Includes 2 Supervisors, Living Expenses, Misc. Subs, MDC Downhole Motors, E-Field System w/Operators,</i>						
		Stand By Charges			4,100.00	1	day	4100.-
		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	5	each batt	3,000.00
		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			2.00		mile	
		Floats (Sale Item)			650.00	1	each	650.00
		Smart Motor Charge			3,500.00	2	day	7,000.00

INSPECTION DIS# 13376 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
							33,000.00
	<i>pay sheet attached</i>						
34-204-112-		600.-		34-204-114-2160.-			TOTAL INVOICE AMT. 33294.70
34-201-110		9776-					STATE SALES TAX
34-204-110-		8476-					LOCAL SALES TAX
34-204-111-		3888.-					
34-209-114-		650.-					
34-204-113-		7000.-					
34-204-163-		744.70					

SDI FIELD REPRESENTATIVE
W. J. Danforth
SDI DISTRICT MANAGER
Donald J.

DIRECTIONAL COMPANY

DISTRICT



Scientific Drilling

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

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

INVOICE

130034

Subject to terms and conditions on reverse.

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

APR 17 2009

353962

4/15/2009

MAIL TO DATE

APR 22 2009

Page: 1

ACCOUNTING

Customer Order No. PENSE MONTGOMERY CO, KS
 Location or Shipped To BELTS 22-15
 Well Name and No.

137975C
 Work Order # 110209078
 Job No.

ADD BILL WO#137975 INV#353107	\$0.00	1.00	\$0.00																									
QUALITY #26376	\$109.00	1.00	\$109.00																									
RECEIVED MAY 21 2009 KCC WICHITA																												
<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>10927204</td> <td>150195</td> <td>109.00</td> <td>4081508</td> <td>4/09</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>	Account #	Property	Amount	AFE	SV	10927204	150195	109.00	4081508	4/09	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	Reviewed by _____ Approved by _____ Approved by _____ Date Paid _____ Check No. _____		
Account #	Property	Amount	AFE	SV																								
10927204	150195	109.00	4081508	4/09																								
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WORK ORDER 137975C
PAGE _____ OF _____

CUSTOMER NAME & BILLING ADDRESS: AMVEST-CONSTELLATION		SDI CUSTOMER : 130034	CUSTOMER P.O. / AFE
JOB NUMBER 344 0209018			
PO BOX 970		JOB START 2-10-9 TIME	
SKIATOOK, OK 74070		JOB END 2-12-9 TIME	

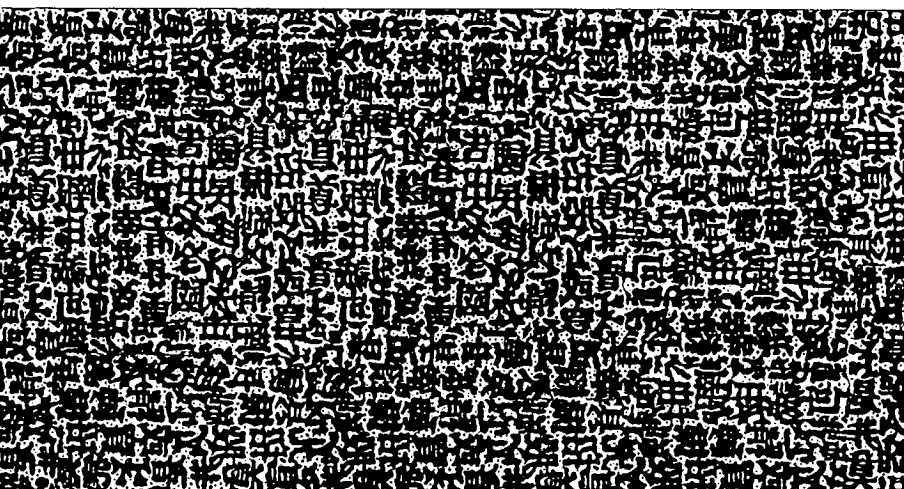
CUSTOMER WELL NAME & NUMBER FELTS 22-15		RIG NAME AND NUMBER DENSE	THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE WHEREOF INCLUDING THOSE LIMITING WARRANTIES. I CERTIFY THAT THE ABOVE SERVICES AND/OR EQUIPMENT HAVE BEEN RECEIVED IN SATISFACTORY MANNER.
CITY COUNTY STATE MONTGOMERY CO. KS	LEASE OR BLOCK		

X _____
SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		ORIGINAL INVOICE # 353107						
		REPAIR-QUALITY # 26376						109.-

RECEIVED
MAY 21 2009
KCC WICHITA

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		
Donald Sh		MS
DIRECTIONAL COMPANY		

Quality Machine Services, Inc.

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

Invoice

Date	Invoice #
3/17/2009	26376

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
422 <i>Job 78</i>	Net 30		3/17/2009			

Quantity	Item Code	Description	Price Each	Amount
1	121-125	4 3/4 NMDC: RECUT 3 1/2 IF BOX DELIVERY TICKET # 17871	109.00	109.00

RECEIVED
MAY 21 2009
KCC WICHITA

			Total	\$109.00
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137975

WORK ORDER PAGE 1 OF 1

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P.O. Box 970		JOB START 10 FEB 09 TIME 0000		
Skiatook, Oklahoma 74070		JOB END 12 FEB 09 TIME 0230		
CUSTOMER WELL NAME & NUMBER FELTS 22-15		RIG NAME AND NUMBER Pense 71		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>Eco Veil</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*			7,800.00	2	DAY	15,600.00
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		Stand By Charges			4,100.00	1	day	4100.-
		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	
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		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			2.00		mile	
		Floats (Sale Item)			650.00	1	each	650.00
		Smart Motor Charge			3,500.00	2	day	7,000.00
		INSPECTION DIS# 13378						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
							33,000.00
							STATE SALES TAX
							LOCAL SALES TAX
							TOTAL INVOICE AMT. 33294.70
							SDI FIELD REPRESENTATIVE
							<i>W. J. Danovich</i>
							SDI DISTRICT MANAGER
							<i>Donald</i>
							DIRECTIONAL COMPANY
							DISTRICT

pay sheet attached

- 34-204-112-600-
- 34-201-110-9776-
- 34-204-110-8476-
- 34-204-111-3888-
- 34-209-114-650-
- 34-201-113-7000-
- 34-204-105-744.70