

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 # 34128 / 33821
 Name: Smith Oilfield Svcs. (vert. to KOP) / Pense Bros. Drlg. 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-058-CHOR
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____

<u>1-26-09</u>	<u>2-5-09</u>	<u>3-30-09</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

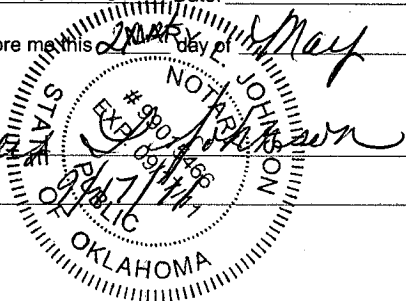
API No. 15 - 125-31835-01-00
 Spot Description: _____
NE NE NW Sec. 5 Twp. 33 S. R. 17 East West
534 Feet from North / South Line of Section
2,450 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Montgomery
 Lease Name: KNISLEY Well #: 5-6
 Field Name: Coffeyville-Cherryvale
 Producing Formation: Weir-Pittsburg Coal
 Elevation: Ground: 800' Kelly Bushing: _____
 Total Depth: 768' TVD Plug Back Total Depth: 2,292' (2,328' 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: 800'
 feet depth to: surface w/ 85 ^{sx cmf}
Alt 2 - Dlg - 6/25/09

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: [Signature]
 Title: David F. Spitz, Engineering Manager Date: 5-21-09
 Subscribed and sworn to before me this 21 day of May
20 09
 Notary Public: [Signature]
 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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Operator Name: CEP Mid-Continent LLC Lease Name: KNISLEY Well #: 5-6
 Sec. 5 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 <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	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Higginsville Lime</td> <td>459'</td> <td>341'</td> </tr> <tr> <td>Little Osage Shale</td> <td>493'</td> <td>307'</td> </tr> <tr> <td>Oswego Lime</td> <td>495'</td> <td>305'</td> </tr> <tr> <td>Mulky Shale</td> <td>517'</td> <td>283'</td> </tr> <tr> <td>Iron Post Coal</td> <td>535'</td> <td>265'</td> </tr> <tr> <td>Weir-Pitt sburg Coal</td> <td>753'</td> <td>47'</td> </tr> </table>	Name	Top	Datum	Higginsville Lime	459'	341'	Little Osage Shale	493'	307'	Oswego Lime	495'	305'	Mulky Shale	517'	283'	Iron Post Coal	535'	265'	Weir-Pitt sburg Coal	753'	47'
Name	Top	Datum																				
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Weir-Pitt sburg Coal	753'	47'																				

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"	8	40# Phenoseal, 850# Kol-
Production	6-3/4"	4-1/2"	10.5#	800' MD	Class "A"	80	seal, 650# salt, 85#
Pre-perf. & Tapered Liner		3-1/2"	9.3#	2327.47' MD			Metso, 350# gel, 22# 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>
	None	RECEIVED MAY 22 2009 KCC WICHITA

TUBING RECORD:	Size: <u>2-3/8"</u>	Set At: <u>790'</u>	Packer At: <u>779.53'</u>	Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>3-30-09</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>0</u>	Gas Mcf <u>225*</u>	Water Bbls. <u>64*</u>	Gas-Oil Ratio <i>(*as of 5-19-09)</i>

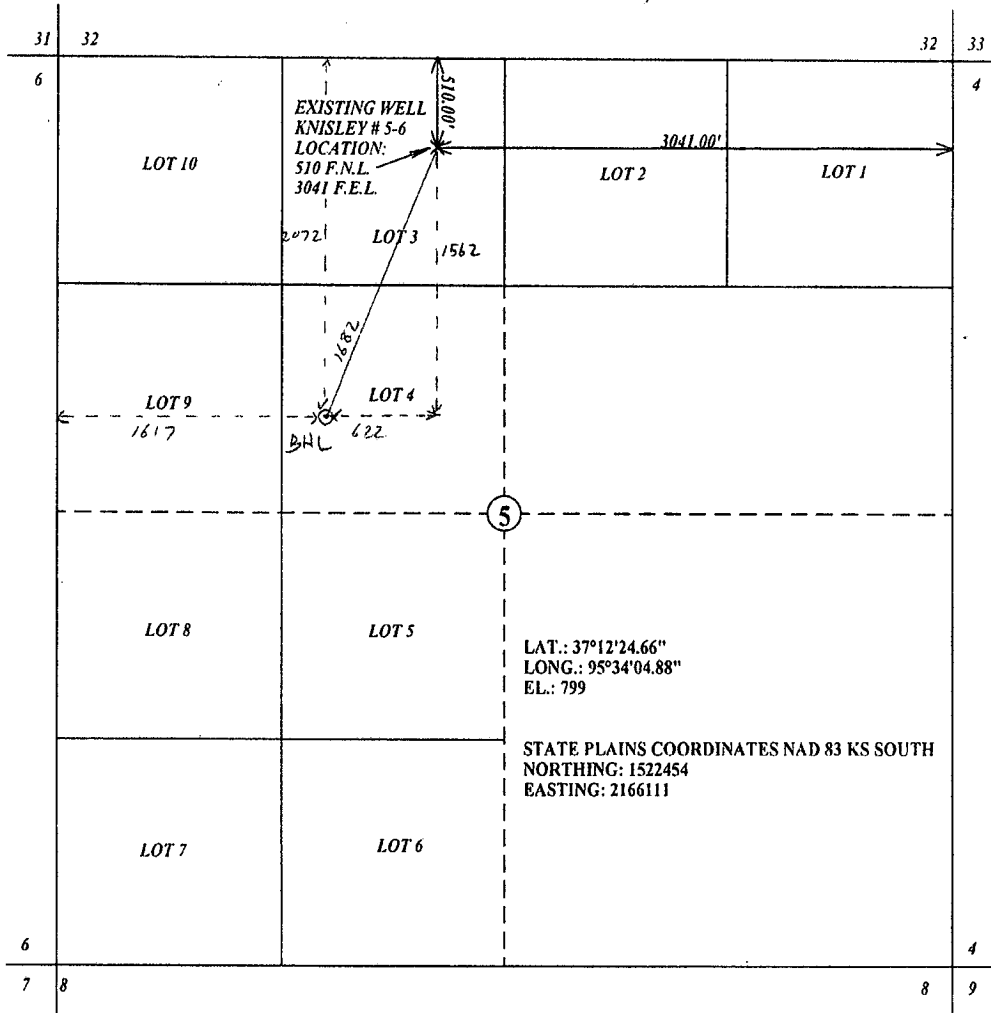
DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input checked="" type="checkbox"/> Other (Specify) <u>Horizontal well</u>	PRODUCTION INTERVAL: _____ _____
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WELL LOCATION NON-STANDARD SECTION 5, T-33-S, R-17-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'

1/16" = 66.4'

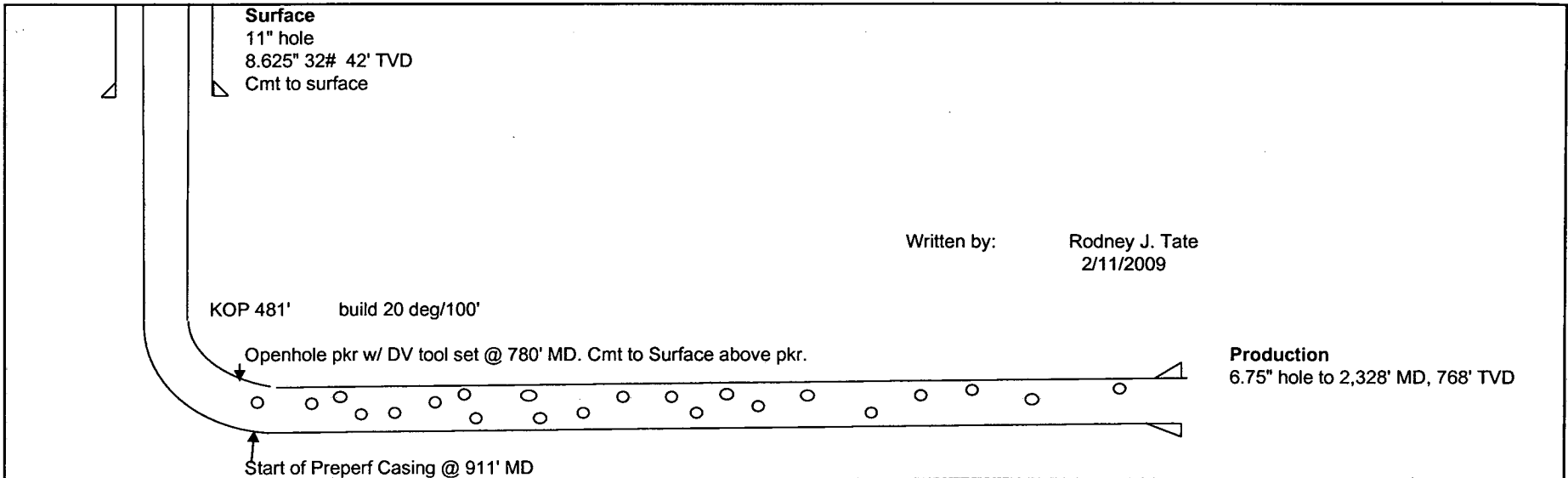
SCALE 1" = 1000' <i>1062.6'</i>	DATE 09/18/08	 <p>580-759-3886 RT 2 BOX 191B STRATFORD, OK 74872</p>	FOR: CEP MID-CONTINENT, LLC 15 WEST 6TH STREET 14TH FLOOR TUSLA, OK 74119-5415
SHEET 1 OF 1	DATE REVISED 01/30/09 ✓		ORDERED BY: RODNEY TATE <i>Actual 2/10/09</i>
DRAWN BY: D.L.	PROJECT# CLS-08-3294		
CHECKED BY: F.W.D	DATE OF SURVEY 09/17/08		

ACTUAL Knisley 5-6 Wellbore Diagram

Actual Surface Loc: NW/4 Sec 05 T33S – R17E, Montgomery Co., KS
 Actual Surface Loc: 510' FNL, 2,239' FWL, ELEV 799'
 Actual Bottomhole Loc: NW/4 Sec 5 T33S – R17E
 Actual Bottomhole Loc, Start of Target: 687' FNL, 2,146' FWL Sec 5
 Actual Bottomhole Loc, End of Target: 2,072' FNL, 1,617' FWL Sec 5 Azim 202°
 Actual Lateral Length: 1,485'
 Vertical Section: 1,682'

	Size	Wt	# jts.	Length	MD	TVD
Surface Casing	8.625"	20#	NA	42.00	42.00	42
Production Casing	4.5"	10.5#	23	751.53	751.53	712
Stage Tool	4.5"			2.00	753.53	714
Ann. Csg. Pkr	4.5"			26.00	779.53	731
Production Casing	4.5"	10.5#	2	64.60	844.13	755
4.5" x 3.5" X-over				0.87	845.00	756
Blank Liner	3.5"	9.3#	2	65.80	910.80	764
Preperf Liner	3.5"	9.3#	45	1,389.07	2,299.87	768
Tapered liner	3.5"			27.60	2,327.47	768

Horizontal Weir-Pitt Coal



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Scientific Drilling International

Survey Completion Report

Company: Constellation Energy Partners	Date: 2/10/2009	Time: 09:36:48	Page: 1
Field: Montgomery County, KS	Co-ordinate(NE) Reference: Well: Knisley 5-6, True North		
Site: Section 5 - 33S - 17E	Vertical (TVD) Reference: Site 805.0		
Well: Knisley 5-6	Section (VS) Reference: Well (0.00N,0.00E,201.69Azi)		
Wellpath: ORIGINAL WELLPATH	Survey Calculation Method: Minimum Curvature	Db: Sybase	

Survey: Survey #1	Start Date: 2/10/2009	
Company: Scientific Drilling Internatio	Engineer: Hancock	
Tool:	Tied-to: From Surface	

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

Site: Section 5 - 33S - 17E SHL of Knisley 5-7 Site Center: 2055 FSL 695' FWL		
Site Position:	Northing: 463245.25 m	Latitude: 37 11 59.250 N
From: Geographic	Easting: 659728.29 m	Longitude: 95 34 26.310 W
Position Uncertainty: 0.0 ft		North Reference: True
Ground Level: 779.0 ft		Grid Convergence: 1.80 deg

Well: Knisley 5-6 Knisley 5-6	Slot Name:	
Well Position: +N/-S 2691.0 ft	Northing: 464081.85 m	Latitude: 37 12 25.855 N
+E/-W 1755.0 ft	Easting: 660237.22 m	Longitude: 95 34 4.617 W
Position Uncertainty: 0.0 ft		

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Wellpath: ORIGINAL WELLPATH ORIGINAL WELLPATH KNISLEY 5-6	Drilled From: Surface	
Current Datum: Site	Tie-on Depth: 0.0 ft	
Magnetic Data: 9/9/2008	Above System Datum: Mean Sea Level	
Field Strength: 52470 nT	Declination: 3.42 deg	
Vertical Section: Depth From (TVD) ft	Mag Dip Angle: 65.78 deg	
	+N/-S ft	Direction deg
0.0	0.0	201.69

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
0.0	0.00	0.00	0.0	0.0	0.0	0.0	0.00	0.0	0.00	
279.0	1.08	78.27	279.0	0.5	2.6	-1.4	0.39	2.6	78.27	
437.0	1.02	28.94	437.0	2.1	4.7	-3.7	0.56	5.1	66.31	
468.0	1.38	175.54	468.0	1.9	4.9	-3.6	7.42	5.2	68.33	Higginsville
469.0	1.45	176.23	469.0	1.9	4.9	-3.6	7.42	5.2	68.58	
501.0	6.82	197.95	500.9	-0.3	4.3	-1.3	17.18	4.3	93.97	
502.1	7.04	198.42	502.0	-0.4	4.3	-1.2	20.12	4.3	95.76	L Osage
520.4	10.64	203.28	520.0	-3.0	3.3	1.6	20.12	4.5	132.99	
527.5	12.06	204.40	527.0	-4.3	2.7	3.0	20.12	5.1	148.13	Mulky
533.0	13.15	205.10	532.4	-5.4	2.2	4.2	20.12	5.8	157.99	
551.3	16.47	208.92	550.0	-9.6	0.1	8.9	18.92	9.6	179.70	Iron Post
564.0	18.81	210.79	562.2	-12.9	-1.9	12.7	18.92	13.0	188.25	
596.0	23.77	214.69	592.0	-22.6	-8.2	24.1	16.11	24.1	199.88	
627.0	29.52	214.74	619.7	-34.1	-16.1	37.6	18.55	37.7	205.30	
659.0	35.71	214.00	646.6	-48.3	-25.8	54.4	19.38	54.8	208.13	
667.2	37.22	213.34	653.2	-52.4	-28.5	59.2	19.02	59.6	208.58	Mineral C
691.0	41.62	211.67	671.6	-65.1	-36.6	74.0	19.02	74.7	209.37	
722.0	47.46	210.01	693.7	-83.8	-47.8	95.5	19.21	96.4	209.69	
754.0	53.16	208.14	714.1	-105.3	-59.7	119.9	18.37	121.0	209.56	
786.0	59.27	205.61	731.9	-129.0	-71.7	146.4	20.19	147.6	209.07	
817.0	66.72	204.27	745.9	-154.0	-83.3	173.9	24.34	175.1	208.41	
829.4	69.75	203.83	750.5	-164.5	-88.0	185.4	24.69	186.6	208.14	Weir Pitt
843.4	73.18	203.35	755.0	-176.7	-93.3	198.7	24.69	199.9	207.84	
849.0	74.55	203.16	756.6	-181.7	-95.5	204.1	24.69	205.2	207.72	

Scientific Drilling International

Survey Completion Report

Company: Constellation Energy Partners
 Field: Montgomery County, KS
 Site: Section 5 - 33S - 17E
 Well: Knisley 5-6
 Wellpath: ORIGINAL WELLPATH

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 Vertical (TVD) Reference: Site 805.0
 Section (VS) Reference: Well (0.00N,0.00E,201.69Azi)
 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
881.0	82.33	201.48	763.0	-210.6	-107.4	235.4	24.85	236.4	207.01	
891.0	85.16	201.22	764.0	-219.9	-111.0	245.3	28.42	246.3	206.78	
913.0	90.27	200.01	764.9	-240.5	-118.7	267.3	23.87	268.2	206.27	
944.0	94.98	198.76	763.5	-269.7	-129.0	298.2	15.72	298.9	205.56	
976.0	94.54	198.93	760.8	-299.8	-139.3	330.1	1.47	330.6	204.92	
1008.0	92.25	199.31	759.0	-330.0	-149.7	362.0	7.25	362.4	204.41	
1040.0	90.44	199.64	758.2	-360.2	-160.4	394.0	5.75	394.3	204.01	
1071.0	90.37	199.73	758.0	-389.4	-170.9	425.0	0.37	425.2	203.69	
1103.0	89.93	199.80	757.9	-419.5	-181.7	456.9	1.39	457.1	203.42	
1134.0	89.03	199.94	758.2	-448.6	-192.2	487.9	2.94	488.1	203.19	
1166.0	88.49	200.40	758.9	-478.7	-203.2	519.9	2.22	520.0	203.01	
1198.0	88.25	200.90	759.8	-508.6	-214.5	551.9	1.73	552.0	202.87	
1229.0	88.02	200.79	760.8	-537.6	-225.5	582.9	0.82	583.0	202.76	
1261.0	87.72	200.93	762.0	-567.4	-236.9	614.8	1.03	614.9	202.66	
1293.0	87.18	200.89	763.4	-597.3	-248.3	646.8	1.69	646.9	202.58	
1325.0	87.72	200.59	764.8	-627.2	-259.7	678.8	1.93	678.8	202.49	
1356.0	89.03	199.98	765.7	-656.3	-270.4	709.7	4.66	709.8	202.39	
1388.0	90.84	199.60	765.7	-686.4	-281.2	741.7	5.78	741.8	202.28	
1419.0	91.21	199.12	765.2	-715.6	-291.5	772.7	1.95	772.7	202.16	
1451.0	90.34	199.33	764.8	-745.8	-302.1	804.7	2.80	804.7	202.05	
1483.0	90.17	199.64	764.6	-776.0	-312.7	836.6	1.10	836.6	201.95	
1514.0	90.10	199.86	764.5	-805.2	-323.2	867.6	0.74	867.6	201.87	
1546.0	89.39	200.18	764.7	-835.2	-334.2	899.6	2.43	899.6	201.80	
1578.0	91.38	201.21	764.5	-865.2	-345.5	931.6	7.00	931.6	201.77	
1609.0	90.91	201.37	763.9	-894.1	-356.7	962.6	1.60	962.6	201.75	
1641.0	90.57	201.74	763.4	-923.8	-368.5	994.6	1.57	994.6	201.75	
1672.0	90.03	201.78	763.3	-952.6	-380.0	1025.6	1.75	1025.6	201.75	
1704.0	89.93	201.87	763.3	-982.3	-391.9	1057.6	0.42	1057.6	201.75	
1736.0	89.29	201.75	763.5	-1012.0	-403.8	1089.6	2.03	1089.6	201.75	
1768.0	88.98	201.68	764.0	-1041.7	-415.6	1121.6	0.99	1121.6	201.75	
1799.0	88.52	201.89	764.7	-1070.5	-427.1	1152.6	1.63	1152.6	201.75	
1831.0	87.89	201.87	765.7	-1100.2	-439.0	1184.6	1.97	1184.6	201.75	
1863.0	89.76	201.87	766.3	-1129.9	-450.9	1216.5	5.84	1216.5	201.76	
1894.0	89.93	202.42	766.4	-1158.6	-462.6	1247.5	1.86	1247.5	201.77	
1926.0	89.73	201.58	766.5	-1188.3	-474.6	1279.5	2.70	1279.5	201.77	
1958.0	89.16	201.59	766.8	-1218.0	-486.4	1311.5	1.78	1311.5	201.77	
1989.0	88.79	201.58	767.4	-1246.8	-497.8	1342.5	1.19	1342.5	201.76	
2021.0	88.62	201.25	768.1	-1276.6	-509.5	1374.5	1.16	1374.5	201.76	
2053.0	89.36	201.18	768.7	-1306.5	-521.0	1406.5	2.32	1406.5	201.74	
2085.0	91.34	201.12	768.5	-1336.3	-532.6	1438.5	6.19	1438.5	201.73	
2116.0	90.77	201.58	767.9	-1365.2	-543.9	1469.5	2.36	1469.5	201.72	
2148.0	90.37	201.45	767.6	-1394.9	-555.6	1501.5	1.31	1501.5	201.72	
2180.0	89.23	201.26	767.7	-1424.7	-567.2	1533.5	3.61	1533.5	201.71	
2211.0	88.52	200.89	768.3	-1453.7	-578.4	1564.5	2.58	1564.5	201.70	
2243.0	90.24	201.63	768.6	-1483.5	-590.0	1596.5	5.85	1596.5	201.69	
2275.0	90.74	201.80	768.4	-1513.2	-601.8	1628.5	1.65	1628.5	201.69	
2283.0	90.67	201.86	768.3	-1520.6	-604.8	1636.5	1.15	1636.5	201.69	
2328.0	90.28	201.90	767.9	-1562.4	-621.6	1681.5	0.87	1681.5	201.69	

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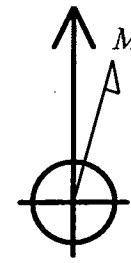
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Scientific Drilling

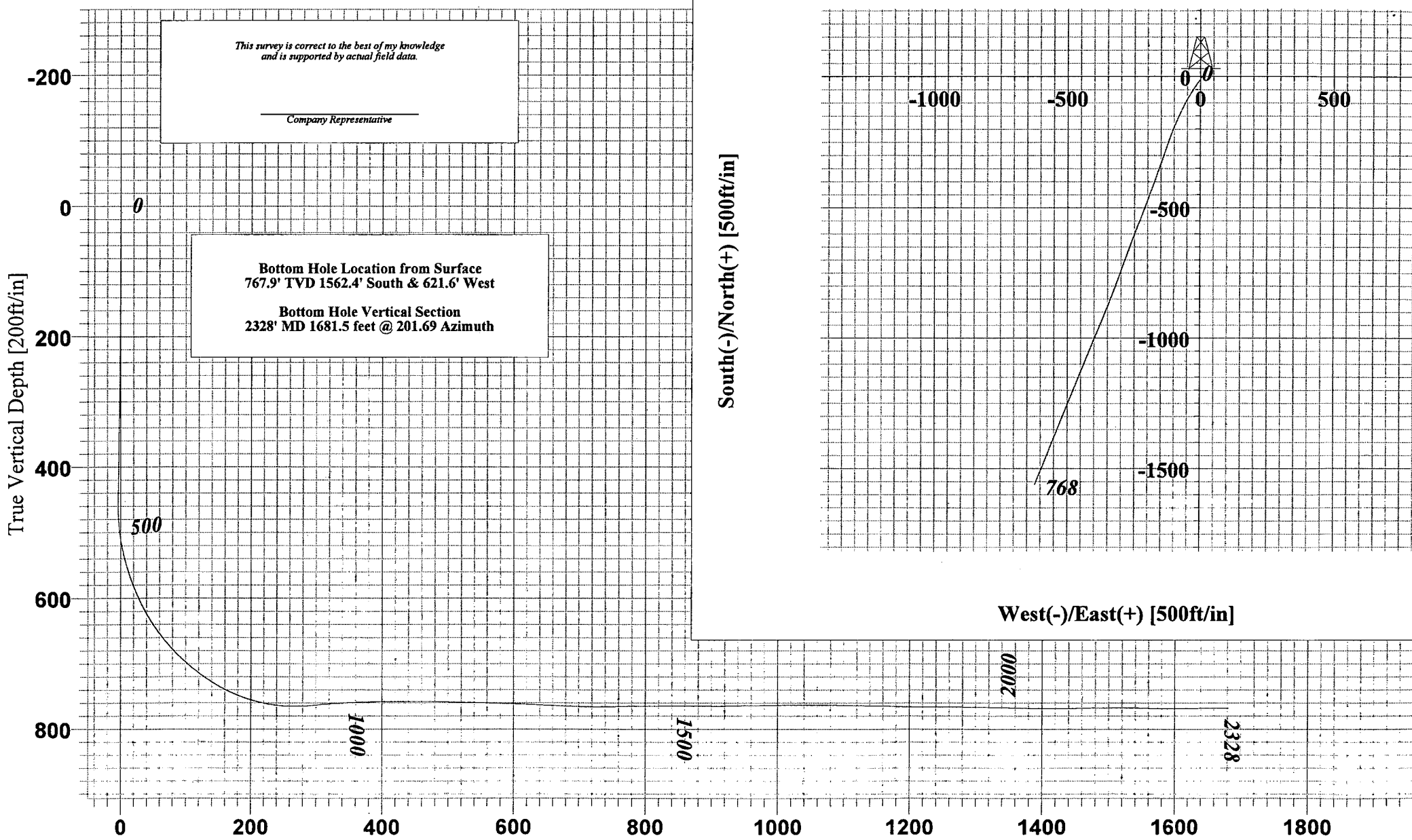
Constellation Energy Partners

Field: Montgomery County, KS
Site: Section 5 - 33S - 17E
Well: Knisley 5-6
Wellpath: ORIGINAL WELLPATH
Survey: Survey #1



Azimuths to True North
Magnetic North: 3.42

Magnetic Field
Strength: 52470n
Dip Angle: 65.78
Date: 9/9/200
Model: igrf200

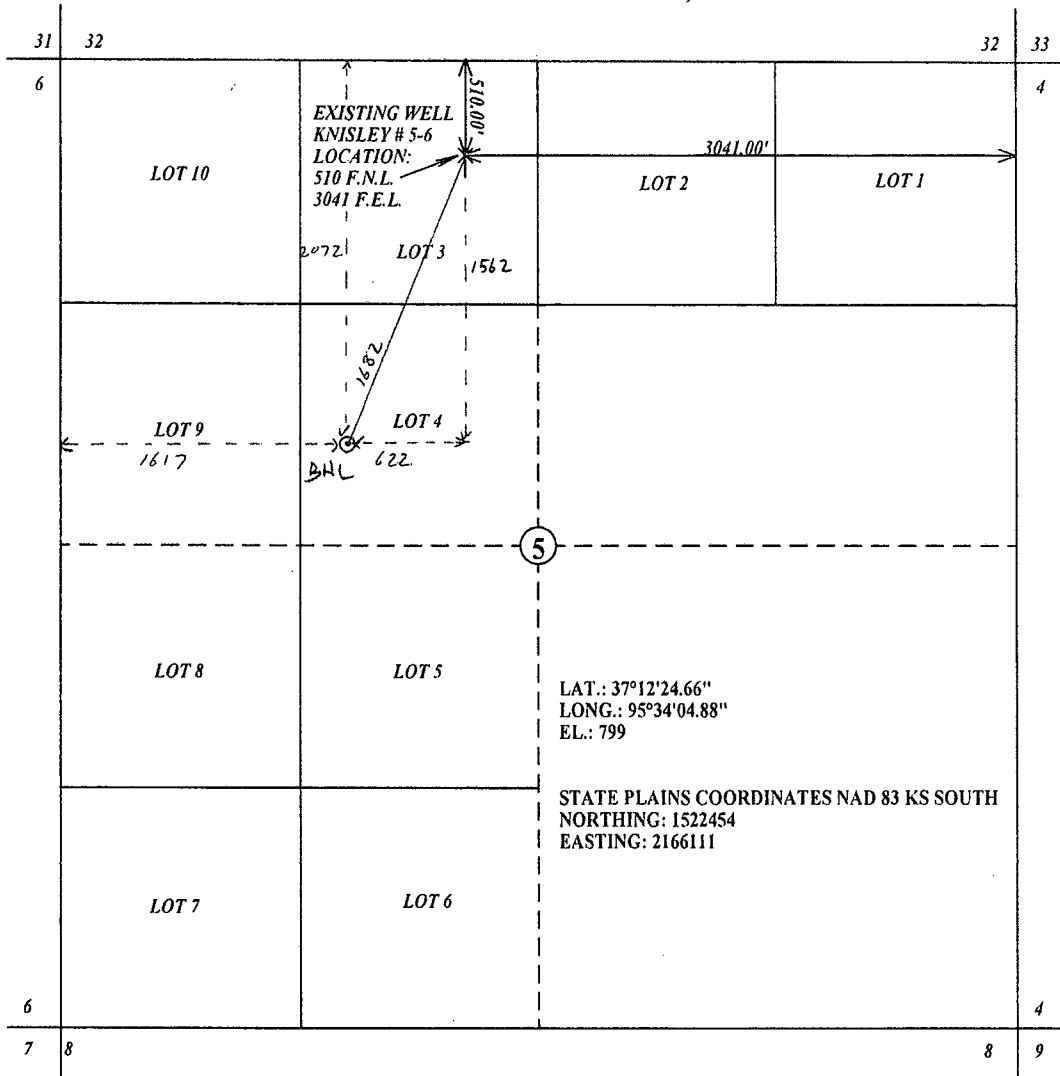


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WELL LOCATION NON-STANDARD SECTION 5, T-33-S, R-17-E, P.M. MONTGOMERY COUNTY, KANSAS



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'

1/16" = 66.4'

SCALE 1" = 1000' / 1062.6'	DATE 09/18/08	 580-759-3886 RT 2 BOX 191B STRATFORD, OK 74872	FOR: CEP MID-CONTINENT, LLC 15 WEST 6TH STREET 14TH FLOOR TUSLA, OK 74119-5415
SHEET 1 OF 1	DATE REVISED 01/30/09 ✓		
DRAWN BY: D.L.	PROJECT# CLS-08-3294		ORDERED BY: RODNEY TATE <i>Actual 2/1/09</i>
CHECKED BY: F.W.D.	DATE OF SURVEY 09/17/08		



CONSOLIDATED
OIL FIELD SERVICES, LLC

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

WELL NUMBER 18494
LOCATION BARTLESVILLE OK
FOREMAN DONNIE TATE

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-5-09	3115	KNISLEY #5-6				Mont. KS
CUSTOMER CEP						
MAILING ADDRESS						
CITY						
STATE						
ZIP CODE						

TRUCK #	DRIVER	TRUCK #	DRIVER
419	JAMES N		
538	ANTHONY S.		

JOB TYPE LS-H HOLE SIZE 6 3/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 800 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.1 SLURRY VOL 1.8 WATER gal/sk 9.1 CEMENT LEFT in CASING _____
 DISPLACEMENT 13 DISPLACEMENT PSI 400 MIX PSI 200 RATE 3 1/2 - 4 1/2 RPM

REMARKS: DROP PLUG #1 DISPLACE 13 BBL LANDING @ 600* FILL BASKET 1700* -
SHEAR PINS AND OPEN PORTS @ 2300* ESTABLISHING CIRC. RUN 85 SY CEP HORIZ.
MIX - WASH OUT PUMP AND LINES. RELEASE PLUG #2 AND DISPLACING 13 BBL
TO SET SHOE @ 2000* - RELEASE NO RETURNS PUMP PLUG BACK TO 2000*
AGAIN NO RETURNS

CEMENT TO SURFACE
PLUG DOWN 3:45 A.M.
MAX PSI 2000* LANDING PLUG
MAX PSI 2300* TO OPEN DV TOOL

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		870.00
5406	55	MILEAGE		189.75
5407A	4.99 ton	BULK TRUCK		329.45
5621	1	4 1/2 PLUG CONTAINER		188.00
1104	855x/7990*	CLASS A CMT		1186.52
1107A	15x/40	PHENO		43.20
1118B	75x/350*	GEL	RECEIVED	56.00
1110A	175x/850*	KOL SEAL	MAY 22 2009	331.50
111	135x/650*	SALT		201.50
1111A	85*	METSO	KCC WICHITA	144.50
1130	22#	DIACEL RPM		113.74

Thank you

RAVIN 3737
 AUTHORIZATION [Signature] TITLE _____ DATE 5/31/09
 SALES TAX ESTIMATED TOTAL 110.09
 TOTAL 3764.25
 # 228677



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 # 228677
Invoice Date: 02/09/2009 Terms: Page 1

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

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FEB 11 2009
By _____

KNISLEY 5-6
18494
02/05/09

MAINT DATE
FEB 16 2009
ACCOUNTING

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MAY 22 2009
KCC WICHITA

Part Number	Description	Qty	Unit Price	Total
.104	CLASS "A" CEMENT	7990.00	.1485	1186.52
.107A	PHENOSEAL (M) 40# BAG)	40.00	1.0800	43.20
.118B	PREMIUM GEL / BENTONITE	350.00	.1600	56.00
.110A	KOL SEAL (50# BAG)	850.00	.3900	331.50
.111	GRANULATED SALT (50 #)	650.00	.3100	201.50
.111A	SODIUM METASILICATE	85.00	1.7000	144.50
.130	RPM	22.00	5.1700	113.74

Description	Hours	Unit Price	Total
.119 CEMENT PUMP	1.00	870.00	870.00
.119 EQUIPMENT MILEAGE (ONE WAY)	55.00	3.45	189.75
.138 PLUG 4 1/2" PLUG CONTAINER	1.00	188.00	188.00
.138 TON MILEAGE DELIVERY	55.00	5.99	329.45

IMMEDIATE

Account #	Property	Amount	AFE	SV
1927307	150190	3387.82	44081	1842/09

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

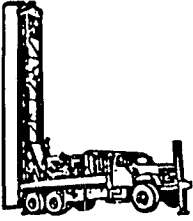
VENDOR # 150416
NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Parts:	2076.96	Freight:	.00	Tax:	110.09	AR	3764.25
Labor:	.00	Misc:	.00	Total:	3764.25		
Sublt:	.00	Supplies:	.00	Change:	.00		

DISCOUNT 376.43

Date 3387.82

Signed _____



PENSE BROS. DRILLING CO., INC.

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

6326

Date February 5, 2009

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

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KCC WICHITA

RECEIVED
FEB 16 2009
By _____
MAIL TO DATE
FEB 18 2009
ACCOUNTING

Knisley
Well #5-6

10	Hours rigtime @ \$510.00/hr. (moving)	1-31-09	\$ 5,100.00
13	Hours rigtime @ \$510.00/hr. (drilling)	2-02-09	6,630.00
24	Hours rigtime @ \$510.00/hr. (drilling)	2-03-09	12,240.00
24	Hours rigtime @ \$510.00/hr. (drilling)	2-04-09	12,240.00
8	Hours rigtime @ \$510.00/hr. (drilling)	2-05-09	4,080.00
	Drywatch 1-30-09 - 2-02-09 (64 hours @ \$35.00/hr.)		2,240.00
	Amount Due		\$42,530.00

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

PERCENTAGE RATE ON ALL PAST DUE

Account #	Property	Amount	AFE	SV
11927202	150120	42530.00	4681484	2107
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
VENDOR #	10897			
NSE 986	CEP 976	MCOS 985	IMMEDIATE	OVERNITE

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

Drilling
)
< 74033

Pense Bros. Drilling Co., Inc.

DRILLING REPORT-DAY SHIFT

73371

P.O. Box 551

Fredericktown, MO 63645

Rig# <u>24</u>	Well# <u>5-6</u>
Date: <u>1/31/09</u>	Interval From: _____ To: _____
Start _____ AM	Finish _____ AM
Time _____ PM	Time _____ PM
Day of the Week: <u>SAT</u>	
Customer/Operator: <u>CEP</u>	

Surface
Pipe-Tally
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34
35
36
37
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41
42
43
44
45
Total

Noon to Midnight Midnight to Noon

Location/State: KS County: _____

EMPLOYEE:		EQUIPMENT:	
Toolpusher _____	Booster # _____	Compressor # _____	Compressor # _____
Driller _____	Other _____	Other _____	Other _____
Helper <u>Randy Bibby</u>			
Helper <u>Bob SR</u>			
Helper <u>Bob SR</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 type="checkbox"/> Pre-shift safety meeting/discussion	<input type="checkbox"/> Body harness
<input type="checkbox"/> Engine oil levels	<input type="checkbox"/> Fuel/Oil/Fluid Leaks
<input type="checkbox"/> Coolant levels	<input type="checkbox"/> Pipe Trailer Organized
<input type="checkbox"/> Hydraulic fluid levels	<input type="checkbox"/> Tools Organized
<input type="checkbox"/> Hoisting chains/cables	<input type="checkbox"/> Fire Extinguishers
<input type="checkbox"/> Handrails	<input type="checkbox"/> First Aid Kit
<input type="checkbox"/> Winch Lines	<input type="checkbox"/> Personal Safety Equipment
<input type="checkbox"/> Pipe clamp/Clevises tight	<input type="checkbox"/> MSDS-sheets
<input type="checkbox"/> Pipe clamp sling	<input type="checkbox"/> SPCC-sheets
<input type="checkbox"/> Pipe clamp hook	<input type="checkbox"/> Light tower check
<input type="checkbox"/> Housekeeping check	<input type="checkbox"/> Extension cords
<input type="checkbox"/> Generator connections	<input 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 _____	Helper _____
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			
9-10	<u>9:00am Moving Equip (doghouse, fuel trailer, rig, mud pit, base trailer)</u>		
10-11	<u>light plant</u>		
11-12	<u>''</u>		
12-1	<u>''</u>		
1-2	<u>''</u>		
2-3	<u>''</u>		
3-4	<u>''</u>		
4-5	<u>''</u>		
5-6	<u>''</u>		
6-7	<u>7:00pm</u>		
7-8			

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Pense Bros. Drilling Co., Inc.

DRILLING REPORT-DAY SHIFT

73372

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 5-6

Date: 2-2-09 Interval From: To:

Start Time 11:00 AM Finish Time 8:00 PM Day of the Week: MON

Customer/Operator: CEP

Location/State: KS County:

EMPLOYEE: EQUIPMENT

Toolpusher Jerry Stanton, Driller Jacobo Guerrero, Helper Jose A Novella, Helper Pablo Urzquez, Helper Ricky Smith, Booster #, Compressor #, Other 283, Other 284

Hammer: Hammer Bit: Tri-cone Bit: Make, Size, SN, Model, 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 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 TERRY Stanton, Driller Jacobo Guerrero, Helper Jose A Novella, Helper Pablo Urzquez, Helper Ricky Smith, Contractor

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

Name of injured Employee, Injured Emp. Signature

Description of incident

Table with columns: Time, Operation/Activity, Depth, Pressure. Rows include: 6-7, 7-8, 8-9, 9-10, 10-11, 11-12 (unload tools), 12-1 (put on handrails), 1-2 (spot rig), 2-3 (hook up hoses), 3-4 (getting everything ready), 4-5 (getting everything ready), 5-6 (w/d tank hoses), 6-7 (w/d scientific tools), 7-8 (pick up scientific tools)

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

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P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 5-6
 Date: 02-02-09 Interval From: _____ To: _____
 Day of the Week: Mon
 Customer/Operator: CEP
 Location/State: OKS County: Montgomery

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

Surface
Pipe-Tally
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41
42
43
44
45
Total

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

- 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 _____
 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			
7-8			
8-9	safety meeting scientific tools Rig up		
9-10	Tally pipes		
10-11	Tripin to 464' start circulate		
11-12	Drilling stop on 421' woc		
12-1	woc tripout, lay down scientific tools		
1-2	lay down scientific tools		
2-3	scientific tools Rig up		
3-4	wait for tools		
4-5	" " "		
5-6	work on Rig		
6-7	Tripin Bottom 6:30 AM start circulate	507'	1000
7-8	Drilling 6:34	557'	1000

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P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# S-6
 Date: 7-3-9 Interval From: _____ To: _____
 Day of the Week: TUE
 Customer/Operator: CER
 Location/State: KS County: _____

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

Surface
Pipe-Tally
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43
44
45
Total

EMPLOYEE		EQUIPMENT	
Toolpusher <u>Jerry Stanton</u>	Driller <u>Jacobo Guerrero</u>	Booster # _____	Compressor # _____
Helper <u>Jose A Novella</u>	Helper <u>Pablo Vazquez</u>	Compressor # _____	Other <u>283</u>
Helper <u>Ricky Smith</u>	Other _____	Other <u>284</u>	Other _____

Hammer:	Hammer Bit:	Tri-cone Bit:
Make _____	Make _____	Make <u>6 3/4</u>
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 Vazquez
 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 _____ **RECEIVED**

Time	Operation/Activity	Depth	Pressure
6-7			
7-8			
8-9	Drilling 6 3/4 drilling curve	669	1000
9-10	Drilling 6 3/4	706	1000
10-11	Drilling 6 3/4 stop 706 trip out		
11-12	trip out to Adjust mortar		
12-1	Scientific took down to dust mortar		
1-2	Scientific took up		
2-3	trip in		
3-4	Bottom 706 Drilling 6 3/4	870	1050
4-5	Drilling 6 3/4	869	1050
5-6	Drilling 6 3/4	930	
6-7	Drilling 6 3/4 stop 934 circulate trip out		
7-8	trip out		

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

DRILLING REPORT-DAY SHIFT

73375

Rig# 24 Well# 5-6
 Date: 02-03-09 Interval From: _____ To: _____
 Day of the Week: TUE
 Customer/Operator: CEP
 Location/State: OK County: OSAGE

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

Surface
Pipe-Tally
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43
44
45
Total

EMPLOYEE: _____ EQUIPMENT _____
 Toolpusher Jim Caselman Booster # _____
 Driller Jose Pedraza Compressor # _____
 Helper Rogelio Gomez Compressor # _____
 Helper Joe Napier Other 284
 Helper Oscar Pedraza Other 283
 Other _____ Other _____

Hammer: _____ Hammer Bit: _____ Tri-cone Bit: _____
 Make _____ Make _____ Make _____
 Size _____ Model _____ Model _____
 SN _____ Choke _____ IADC# _____
 SN _____ 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 Jose Pedraza Helper _____
 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	2 Gal. Polymer		
7-8			
8-9	Safety meeting, lay down scientific tools		
9-10	wait for smart motor, scientific tools Rig up		
10-11	Scientific tools Rig up, tripm		
11-12	Tripm Bottom 11:15 pm start drilling 6 3/4	970'	1000
12-1	Drilling 6 3/4	1038'	1000
1-2	Drilling 6 3/4	1148'	1000
2-3	Drilling 6 3/4	1242'	1000
3-4	Drilling 6 3/4	1322'	1000
4-5	Drilling 6 3/4	1353'	1000
5-6	Drilling 6 3/4	1386'	1000
6-7	Drilling 6 3/4	1456'	1000
7-8	Drilling 6 3/4	1558'	1000

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 MAY 22 2009

KCC WICHITA

P.O. Box 551

Fredericktown, MO 63645

Rig# <u>24</u>	Well# <u>S-6</u>
Date: <u>2-4-9</u>	Interval From: _____ To: _____
Start Time <u>8:00</u> ^{AM} PM	Finish Time <u>8:00</u> AM ^{PM}
Day of the Week: <u>wed</u>	
Customer/Operator: <u>CFP</u>	
Location/State: <u>OKS</u> County: _____	

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Total

EMPLOYEE:		EQUIPMENT:	
Toolpusher <u>Jerry Stanton</u>	Booster # _____	Compressor # _____	Compressor # _____
Driller <u>Jacobo Guassero</u>	Other <u>283</u>	Other <u>284</u>	Other _____
Helper <u>Jose R Novella</u>			
Helper <u>Ricky Smith</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) _____

<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 <u>TERRY Stanton</u>	Helper <u>Ricky Smith</u>
Driller <u>Jacobo Guassero</u>	Helper <u>Ricky Smith</u>
Helper <u>Jose R 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	<u>5 Gal Polymer</u>		
7-8			
8-9	<u>Safety meeting Drilling to 3/4</u>	<u>1685</u>	<u>1000</u>
9-10	<u>Drilling to 3/4 Lateral</u>	<u>1810</u>	<u>1000</u>
10-11	<u>Drilling to 3/4 Lateral</u>	<u>1876</u>	<u>1000</u>
11-12	<u>Drilling to 3/4 Lateral</u>	<u>1971</u>	<u>1000</u>
12-1	<u>Drilling to 3/4 Lateral</u>	<u>2035</u>	<u>1000</u>
1-2	<u>Drilling to 3/4</u>	<u>2082</u>	<u>1000</u>
2-3	<u>Drilling to 3/4</u>	<u>2165</u>	<u>1000</u>
3-4	<u>Drilling to 3/4</u>	<u>2270</u>	<u>1000</u>
4-5	<u>Drilling to 3/4 TD 2328 circulate</u>		
5-6	<u>Circulate Trip out</u>		
6-7	<u>Trip out</u>		
7-8	<u>Trip out</u>		

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P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 5-6
 Date: 02-04-09 Interval From: _____ To: _____
 Day of the Week: WED
 Customer/Operator: CEP

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

Location/State: KS County: Montgomery

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Total

EMPLOYEE:		EQUIPMENT:	
Toolpusher <u>Jim Caselman</u>	Driller <u>Jose Pedraza</u>	Booster # _____	Compressor # _____
Helper <u>Regelio Gomez</u>	Helper <u>Joe Napier</u>	Compressor # _____	Other <u>283</u>
Helper <u>Oscar pedraza</u>	Other _____	Other <u>284</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) _____

<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 Jose Pedraza Helper [Signature]
 Helper Regelio 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			
7-8			
8-9	Safety meeting, lay down scientific tools		
9-10	Removing B.O.P. Tally & casing		
10-11	Run 3 1/2 casing		
11-12	wait for casing		
12-1	wait for casing Run 3 1/2 casing, X over make up		
1-2	Run 4 1/2 casing, pick up tools		
2-3	pump cement		
3-4	pick up tools and hoses		
4-5	wash the tank		
5-6	wash the tank and pick up hoses		
6-7	pick up tools		
7-8	" " "		

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P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 5-6-
 Date: 02-05-09 Interval From: _____ To: _____
 Day of the Week: THU
 Customer/Operator: CER
 Location/State: KS County: _____

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

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Total

EMPLOYEE:		EQUIPMENT:	
Toolpusher <u>Jerry Stanton</u>	Booster # _____	Compressor # _____	Compressor # _____
Driller <u>Jacobo Guerrero</u>	Other <u>283</u>	Other <u>284</u>	Other _____
Helper <u>Jose A Novella</u>			
Helper <u>Rafael Vazquez</u>			
Helper <u>Ricky Smith</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) _____

<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
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<input checked="" type="checkbox"/> Handrails	<input checked="" type="checkbox"/> First Aid Kit
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<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
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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>Jerry Stanton</u>	Helper <u>Rafael Vazquez</u>
Driller <u>Jacobo Guerrero</u>	Helper <u>Ricky Smith</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	15 Gal. Corrosion Inhibitor		
7-8			
8-9	Safety meetings move equipment		
9-10	move equipment		
10-11	move equipment set B.O.R		
11-12	move equipment spot rig		
12-1	move equipment		
1-2	set equipment		
2-3	hook up hoses & put on handrails		
3-4	Load Down tools		
4-5	W O S W O R		
5-6	W O S W O R		
6-7	W O S W O R		
7-8			

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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

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

130034

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

RECEIVED
FEB 20 2009
By _____

INVOICE
MAILED TO
Subject to terms and conditions on reverse.
FEB 24 2009
ACCOUNTING
2/18/2009

352764
2/18/2009

Page: 1

Customer Order No. PENSE 24 MONTGOMERY CO, KS
Location or Shipped To
Well Name and No. KNISLEY 5-6

Work Order No. 137957
Job No. 34H0109060

HORZ-DRILLING-SVCS
STAND-BY SVCS
COMPUTER SVCS
INS BATTERY
MOTOR INSP
MILEAGE
FLOAT
SMART MOTOR SVCS
SATELITE INTERNET SVCS
DIS #13359

\$8,700.00	2.00	\$17,400.00
\$5,250.00	1.00	\$5,250.00
\$500.00	1.00	\$500.00
\$600.00	5.00	\$3,000.00
\$850.00	2.00	\$1,700.00
\$1,600.00	2.00	\$3,200.00
\$650.00	1.00	\$650.00
\$3,500.00	2.00	\$7,000.00
\$150.00	3.00	\$450.00
\$774.70	1.00	\$774.70

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KCC WICHITA

Reviewed by JW 2/23

Approved by DS

Approved by _____

Date Paid _____

Check No. _____

Account #	Property	Amount	AFE	SV
1927204	150190	39924.70	44081484	2109

VENDOR # 10939
NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Subtotal	\$39,924.70
Misc	\$0.00
Tax	\$0.00
Credits	\$0.00
Total	\$39,924.70

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

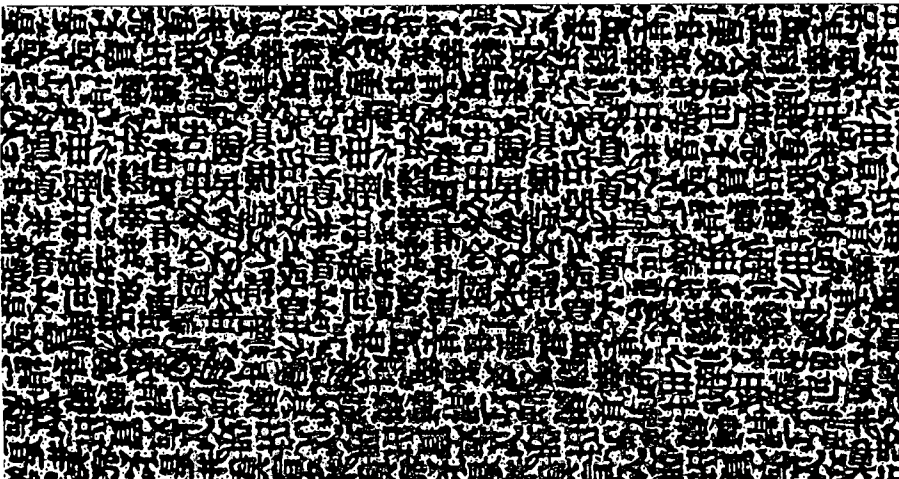
137957

CUSTOMER NAME & BILLING ADDRESS:		SDI CUSTOMER:	CUSTOMER P.O. / AFE
Amvest-Constellation		130034	JOB NUMBER 34H0109060
P.O. Box 970		JOB START 2 Feb 09 TIME 0830	
Skiatook, Oklahoma 74070		JOB END 4 Feb 09 TIME 2400	
CUSTOMER WELL NAME & NUMBER Knisley 5-6		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		

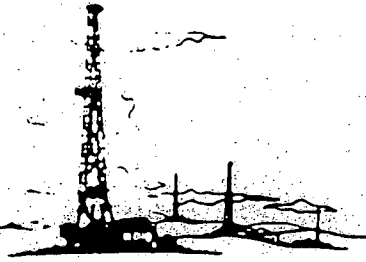
ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		HORIZONTAL DRILLING PACKAGE*			8,700.00	2	DAY	17,400. ⁰⁰
		<small>Includes 2 supervisors, Living Expenses, Misc. Subs, MDC Downhole Motors, E-Field System w/Operators,</small>						
		Stand By Charges			5,250.00	1	day	5,250. ⁰⁰
		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	44	mile	3,200. ⁰⁰
		Floats (Sale Item)			650.00	1	each	650. ⁰⁰
		Smart Motor Charge			3,500.00	2	day	7,000. ⁰⁰
		Satelite Internet Service			150.00	3	day	450. ⁰⁰
		INSPECTION-DIS# 13359						774.70

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



TAX CODE	SUB-TOTAL	39,150. ⁰⁰
	STATE SALES TAX	
	LOCAL SALES TAX	
	TOTAL INVOICE AMT.	39,924.70
SDI FIELD REPRESENTATIVE <i>[Signature]</i>		
SDI DISTRICT MANAGER <i>[Signature]</i>		
DIRECTIONAL COMPANY		



DRILTECH

Inspection Services

INVOICE 13359

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

Date 2-6 2009

CHARGE TO Electric Drilling

Rig _____

ADDRESS _____

Location OKC

CITY _____

Customer Hollman

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Tab 060

SIZE	CONNECTION	DESCRIPTION	UNIT PRICE	AMOUNT
		Dye Penet Inspection		
2	4	Drill Collar 4 3/8 TF	44.35/pc	177.40
1	2	Support 4 3/8 TF	44	88.00
1	2	Collar 4 3/8 TF	44	88.00
1	2	Pony Drill Collar 4 3/8 TF	44.35/pc	88.70
1	2	Support Set Screw 1/2" Dia	8.25/pc	16.50
		Magnetic Inspection		
1	1	Support 4 3/8 TF	150/pc	150.00
		Magnetic Particle Insp		
1	2	Flange 4 3/8 TF	22.35/pc	44.70
		Keys		
	4	Keys: 4	15/pc	60.00
	4	Keys: 4	15/pc	60.00
			TOTAL	774.70

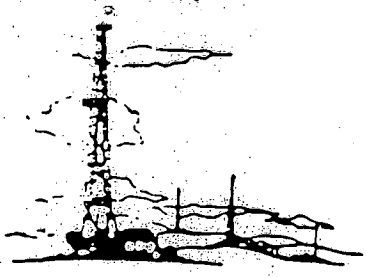
Received the above service or materials and we hereby agree that DRILTECH Inspection Services is not liable for damages, injuries or loss of any nature resulting directly or indirectly from their service.

Terms: NET 30 DAYS

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MAY 22 2009

KCC WICHITA



DRILTECH

Inspection Services

INSPECTION REPORT

Date: 2-6-2009

Customer: Smith, Ric

Job # 060

	SERIAL NO.	TYPE	PIN	BOX	COMMENTS		
1	121-121	Drill collar	3/8TF	OK	3/8TF	OK	4 1/16 x 2 3/4
2	121-141	Drill collar	3/8TF	↑	3/8TF	↑	4 1/16 x 2 3/4
3	8-477	Support	3/8TF	↑	3/8TF	↑	4 3/4 x 2 3/4
4	69-206	CHS	3/8TF	↓	3/8TF	↓	4 3/8 x 2 1/4
5	17-051	Drill collar	3/8TF	↓	3/8TF	↓	4 1/16 x 2 3/4
6	5-324	Block	3/8TF	OK	3/8TF	OK	4 1/16 x 2 1/4
7							
8							
9							
10		NOTE: SNO-8-477 LIT/USONIC Inspection - OK					
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MAY 22 2009
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