

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Handwritten:
6/10/09

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33874

Name: Custer Oil & Gas, LLC

Address 1: Post Office Box 628

Address 2: _____

City: Barnsdall State: OK Zip: 74002 + _____

Contact Person: Norma Standridge

Phone: (918) 847-2531

CONTRACTOR: License # 5675

Name: McPherson Drilling Company

Wellsite Geologist: Paul Phillips

Purchaser: Coffeyville Resources

Designate Type of Completion:

New Well Re-Entry Workover

Oil SWD SLOW

Gas ENHR SIGW

CM (Coal Bed Methane) Temp. Abd.

Dry Other _____
(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to Enhr. Conv. to SWD

Plug Back: _____ Plug Back Total Depth _____

Commingled Docket No.: _____

Dual Completion Docket No.: _____

Other (SWD or Enhr.?) Docket No.: _____

<u>6-27-08</u>	<u>6-30-08</u>	<u>7-1-08</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-31677-0000

Spot Description: _____

SE NW NE SE Sec. 12 Twp. 34 S. R. 13 East West

2185-2165 Feet from North / South Line of Section

800 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Montgomery

Lease Name: Fobian Well #: 08-30

Field Name: Wayside Havana

Producing Formation: Wayside, Pennsylvania Coal, Bartlesville, Miss Chat

Elevation: Ground: 799.1 Kelly Bushing: _____

Total Depth: 781 Plug Back Total Depth: 778

Amount of Surface Pipe Set and Cemented at: 21 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 21'

feet depth to: Surface w/ 4 *ALTO. Dg. sx cmf. 6/25/09*

Drilling Fluid Management Plan
(Date 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: Rick's Tank Truck Service

Lease Name: Sheet Lease License No.: 159972

Quarter NE Sec. 11 Twp. 28N S. R. 13E East West

County: Washington, OK Docket No.: 35-147-08717-0000

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.

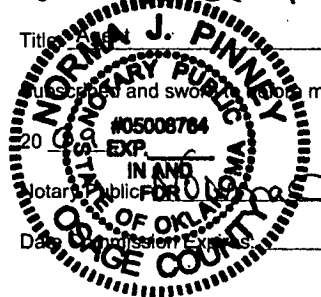
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Paul Phillips

Title: _____ Date: 5-27-09

I, _____ do hereby certify and swear that the information furnished on this 27th day of May, 2009 is true and correct to the best of my knowledge and belief.

Notary Public for the State of Oklahoma
Date: 9-19-09 05008764



KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED
MAY 26 2009

Operator Name: Custer Oil & Gas, LLC Lease Name: Fobian Well #: 08-30
 Sec. 12 Twp. 34 S. R. 13 East West County: Montgomery

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

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray Cement Bond CCL VDL High Resolution Compensated Density Sidewall Neutron Log Dual Induction LL3/GR Log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Wayside 712-724
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*Non
from
copy*

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	11"	8 5/8"		21'	Portland	4113/07	
Production	6 3/4"	4 1/2"	9 1/2	778'	50/50 poz mix	115	

*Per Add.
to
7/1/08*

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
24	712-724	400 gal w/15%, 228 bbls, 2gal KCL, Sub, 20# gel, 10,000 lb sand	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. 7-1-08 Producing Method: Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls. <u>15</u>	Gas Mcf <u>0</u>	Water Bbls. <u>100</u>	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED

MAY 28 2008

KCC WICHITA



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 18716
LOCATION Eureka
FOREMAN Steve Mead

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
7-1-08	634	Fabian '30				MD
CUSTOMER <u>Performance Group</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 628</u>			<u>455</u>	<u>Alan</u>		
CITY <u>Barnsdall</u>			<u>439</u>	<u>Calin</u>		
STATE <u>OK</u>						
ZIP CODE						

JOB TYPE Logstring HOLE SIZE 6 7/8 HOLE DEPTH 781' CASING SIZE & WEIGHT 4 1/2 9.5
 CASING DEPTH 778' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 18.6 DISPLACEMENT PSI 400 MIX PSI Bump Plug 900 RATE _____

REMARKS: Safety Meeting. Rig up on 4 1/2 casing. Break circulation with 12 bbls Fresh water. Pump 300# Gel Flush with Hulls + 4 bbls O/W water. Mix 115 sks 50/50 Poz mix Cement, 2% Gel, 2% CaCl2, 4" Kal-seal per/sk, 3" Cal-Seal 1/2" Flocals 1/2" CF-110 1/2" CAF-38 AT 13.8" per/gal. Wash out pump + lines. Shut down Release Plug. Displace with 12 bbls Fresh water. Final pump pressure 400# Bump Plug to 900#. Wait 2 min. Release Pressure Plug held. Good cement to surface. 2 bbls slurry top it.
Job Complete Rig down.

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	926.00	926.00
5406	40	MILEAGE	3.65	146.00
1124	115 sks	50/50 Poz mix Cement	9.75	1121.25
1118A	200#	Gel 2%	.17	34.00
1102	200#	CaCl2 2%	.75	150.00
1110A	460#	Kal seal 4" per/sk	.42	193.20
1101	350#	Cal-Seal 3" per/sk	.36	126.00
1107	15#	Flu Calc 1/2" per/sk	2.10	31.50
1135	50#	CF-110 1/2"	7.50	375.00
1146	25#	CAF-38 1/4"	7.70	192.50
1118A	300#	Gel Flush	.17	51.00
1105	50#	Hulls	.39	19.50
4404	1	4 1/2 Rubber Plug	45.00	45.00
5407		Ten Mileage Bulk Truck	m/c	315.00
			Subtotal	3704.95
			SALES TAX 5.3%	193.97
			ESTIMATED TOTAL	3898.92

Ravin 3737

AUTHORIZATION

Paul Phillip

TITLE

003343

DATE

