

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33453
Name: Stephen C. Jones
Address: 12 North Armstrong
Bixby, Ok. 74008
City/State/Zip:
Purchaser:
Operator Contact Person: Steve Jones
Phone: (918) 366-3710
Contractor: Name: KanDrill
License: 32548
Wellsite Geologist: George Peterson

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 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./SWD

Plug Back Plug Back Total Depth

Commingled Docket No. _____

Dual Completion Docket No. _____

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

3-31-06 4-5-06 5-11-06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 031-22190-0000
County: Coffey
ne se se Sec. 20 Twp. 22 S. R. 14 East West
990 feet from N (circle one) Line of Section
330 feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE NW SW

Lease Name: J. Birk Well #: 2

Field Name: Wildcat

Producing Formation: Squirrel Sand

Elevation: Ground: 1140 Kelly Bushing: 1142

Total Depth: 1822 Plug Back Total Depth: 1815

Amount of Surface Pipe Set and Cemented at 40 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 1815

feet depth to surface w/ 260 _____ sx cmt.

Alt 2-Dg-11-1308

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: Stephen C. Jones

Title: President Date: 7-24-06

Subscribed and sworn to before me this 24 day of July

20 06
Notary Public: Shirley Epperson #02013205

Date Commission Expires: 9-19-06

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: Stephen C. Jones Lease Name: J. Birk Well #: 2
 Sec. 20 Twp. 22 S. R. 14 East West County: Coffey

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

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Dual Compensated Porosity Log Dual Induction Log Gamma Ray Neutron Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name <u>Mississippian</u> Top <u>1742</u> Datum
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CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12 5/8	8 5/8	20#	40'	class A	30	Cacl 55#
production	6 3/4	4 1/2	10.5#	1815'	60/40poz thickset	150	bentonite50# kolseal25#

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
four	1378-1382	600gal. 15% HCL Acid	1378-82

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	1348	n/a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.	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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
shut-in				

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-15.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

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CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 08574
 LOCATION Eureka
 FOREMAN Brad Butler

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-30-06	1041	J. Bick # 2				Coffey
CUSTOMER <u>Armoar Management</u>			Kan-Drill			
MAILING ADDRESS <u>12 North Armstrong</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Bixby</u>			<u>446</u>	<u>Scott</u>		
STATE <u>OK</u>			<u>439</u>	<u>Justin</u>		
ZIP CODE <u>74008</u>						

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 41' CASING SIZE & WEIGHT 8 5/8" - 23"
 CASING DEPTH 41' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 7 Bbl. WATER gal/sk 6.5 CEMENT LEFT in CASING 10'
 DISPLACEMENT 2 Bbl. DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8" casing. Break circulation with fresh water.
Mixed 30 sks. Reg. cement w/ 22 Gal. 22 CAC₂, 1/4" Floccle @ 14.7 lb P₂O₅/gal
Displaced cement with 2 Bbls water. Shutdown - close casing in with Good cement returns
To Surface. Job complete - Teardown

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"Thank you"

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	620.00	620.00
5406	40	MILEAGE	3.15	126.00
11045	30 SKs.	Regular - class A cement	11.25	337.50
1102	55 lbs.	CAC ₂ 22	1.64	35.20
1118 A	55 lbs.	Gel 22	1.14	7.70
1107	8 lbs.	Floccle 1/4 lb P ₂ O ₅ /sk	1.80	14.40
5407	Ton	mileage - Bulk Truck	m/c	150.00
			5.32	
		SALES TAX		20.93
		ESTIMATED TOTAL		1311.73

AUTHORIZATION Called by Donnie

TITLE Kan-Drill Oils CO.

DATE _____

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CONSOLIDATED OIL WELL SERVICES, INC.
P.O. BOX 894, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

KCC WICHITA

TICKET NUMBER 08655
LOCATION Eureka
FOREMAN Tray Strickler

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-6-06	1041	J. Bick #2				Coffey
CUSTOMER <u>Armour Management</u>			TRUCK #			
MAILING ADDRESS <u>12 North Armstrong</u>			DRIVER			
CITY <u>Bixby</u>			TRUCK #			
STATE <u>OK</u>			DRIVER			
ZIP CODE <u>74008</u>			TRUCK #			
			DRIVER			

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 1822' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 1813' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.8#-13.2# SLURRY VOL 76.861 WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 28.8861 DISPLACEMENT PSI 800 MIX PSI 1300 Bump Plug RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2" casing. Pump 10Bbl Fresh water. Mixed 150skts 60/40 Poz-Mix Cement w/ 6% Gel + 1/2" Flocele #15c @ 12.8# Pptgal. Tail in w/ 110skts ThickSet Cement w/ 4" Kol-Seal #15c @ 13.2# Pptgal. Wash out Pump & lines. Released Plug. Displaced w/ 28.8 Bbl Water. Final Pump Pressure 800 PSI. Bump Plug to 1300 PSI. Wait 2mins. Release pressure Float Held. Good Cement Returns to Surface = 10Bbl slurry to P.T.

Job Complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	800.00	800.00
5406	40	MILEAGE	3.15	126.00
1131	150skt	60/40 Poz-mix	9.35	1402.50
1118A	775#	Gel 6% } Load	.14#	108.50
1107	75#	Flocele 1/2" #15c	1.80#	135.00
1126A	110skts	ThickSet Cement	14.65	1611.50
1110A	440#	Kol-Seal 4" #15c	.36#	158.40
5407A	12.5 Ton	Ton - Mileage Bulk Truck	1.05	525.00
4161	1	4 1/2" AFU Float Shoe	146.00	146.00
4103	2	4 1/2" Cement Baskets	135.00	270.00
4129	4	4 1/2" Centralizers	29.00	116.00
4404	1	4 1/2" Top Rubber Plug	40.00	40.00
		Thank You!		
		Sub Total		5438.90
		SALES TAX		211.37
		ESTIMATED TOTAL		5650.27

AUTHORIZATION Called by Donnie

TITLE Rig/owner

DATE _____