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JUN 08 2009

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

Notice: Fill out COMPLETELY
and return to Conservation Division at
the address below within
60 days from plugging date.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117

KCC WICHITA

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 Mgr. or Rodney Tate, D&C Engineer
Phone: (918) 877-2912
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List All (If needed attach another sheet)
Higginsville Depth to Top: 394' Bottom: _____ T.D. _____
Little Osage Depth to Top: 429' Bottom: _____ T.D. _____
Mulky Depth to Top: 453' Bottom: _____ T.D. _____

API No. 15 - 125-31845-01-00
Spot Description: _____
NE SW SE Sec. 5 Twp. 33 S. R. 17 East West
814 Feet from North / South Line of Section
1,862 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: KNISLEY Well #: 5-10
Date Well Completed: Well drilled but NOT completed.
The plugging proposal was approved on: 3-6-09 (Date)
by: Steve Bond (letter), Allen Dunning (phone) (KCC District Agent's Name)
Plugging Commenced: 5-28-09
Plugging Completed: 5-29-09

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		NONE			

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Tripped in hole w/34 joints 2-3/8" tubing to depth of 1067'; circulated to surface with fresh water. Mixed 15 sacks 9# gel from 1067' to 465'; laid down 19 joints 2-3/8" tubing (tbg. at 465'). Mixed 100 sacks of Class A Portland cement, circulated from 465' to surface. Laid down 15 joints 2-3/8" tubing. Filled casing up with cement; waited on cement to harden. Welded cap on 8-5/8" pipe at 5 feet below surface, and restored well site location.

[Note: This horizontal well was drilled but never encountered the intended target formation (Weir-Pitt), thus no casing was run, and the well bore was plugged and abandoned. The well log was submitted to KCC with plugging application.]

Plugging Contractor License #: 33961 Name: Consolidated Oil Well Services, LLC
Address 1: P. O. Box 884 Address 2: _____
City: Chanute State: KS Zip: 66720 + _____
Phone: (620) 431-9210
Name of Party Responsible for Plugging Fees: CEP Mid-Continent LLC
State of Oklahoma County, Tulsa, ss.

David F. Spitz, Engineering Manager Employee of Operator or Operator on above-described well,
(Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Signature: [Signature]

[Handwritten initials]



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 # 229798

Invoice Date: 05/31/2009 Terms: Page 1

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

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JUN 03 2009

KNISLEY 5-10
21686
5-33-17
05-29-09

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KCC WICHITA

Part Number	Description	Qty	Unit Price	Total
1104	CLASS "A" CEMENT	9400.00	.1400	1316.00
1118B	PREMIUM GEL / BENTONITE	750.00	.1600	120.00
1123	CITY WATER	4200.00	.0140	58.80

Description	Hours	Unit Price	Total
419 P & A NEW WELL	1.00	870.00	870.00
419 EQUIPMENT MILEAGE (ONE WAY)	53.00	3.45	182.85
518 MIN. BULK DELIVERY	1.00	296.00	296.00
T-119 WATER TRANSPORT (CEMENT)	3.00	105.00	315.00

IMMEDIATE

Account #	Property	Amount	AFE	SV
1927208	150184	2914.09	40814325	09

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

VENDOR # 10046
NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Parts: 1494.80 Freight: .00 Tax: 79.23 AR 3237.88
Labor: .00 Misc: .00 Total: 3237.88
Sublt: .00 Supplies: .00 Change: .00

DISCOUNT 323.79

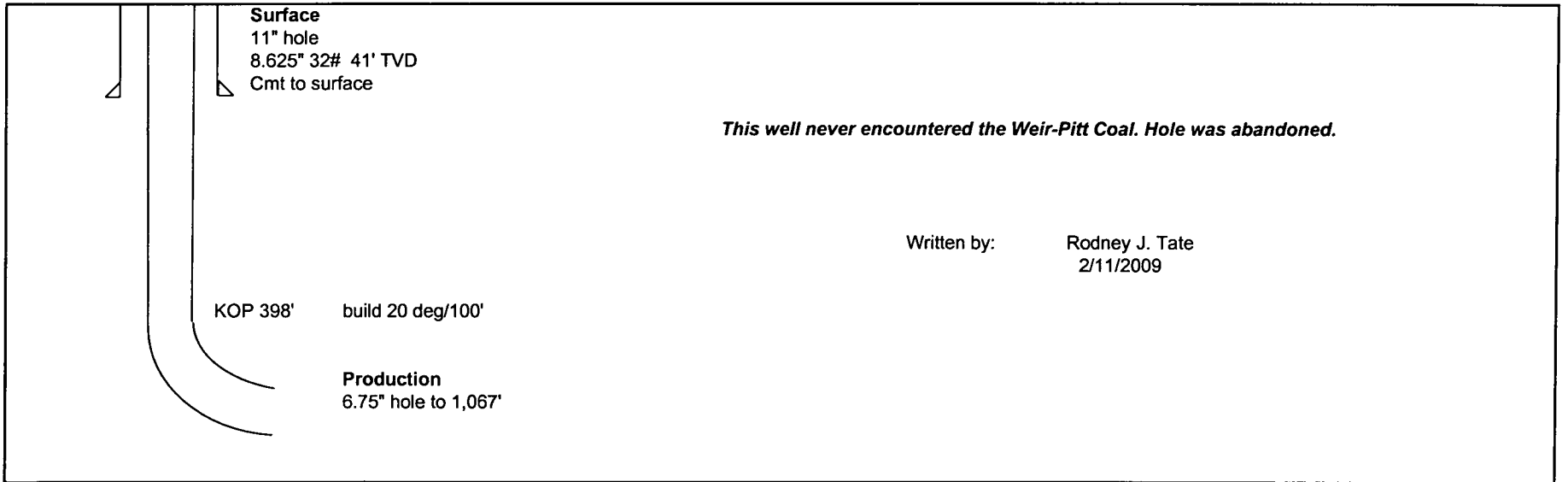
Signed _____

Date 2914.09
NET

Actual Knisley 5-10 Wellbore Diagram

Actual Surface Loc: SE/4 Sec 05 T33S – R17E, Montgomery Co., KS
 Actual Surface Loc: 1,863' FEL, 814' FSL, ELEV 757'
 Actual Bottomhole Loc: EW/4 Sec 05 T33S – R17E
 Actual Bottomhole Loc, Start of Target: N/A
 Actual Bottomhole Loc, End of Target: 627' FSL, 2,334' FEL Sec 05 Azim 250°
 Actual Lateral Length: 0'
 Actual Vertical Section: 507'

	Size	Wt	# jts.	Length	MD	TVD
Surface Casing	8.625"	32#	NA	41.00	41.00	41
Production Casing						
Stage Tool						
Ann. Csg. Pkr						
Production Casing						
4.5" x 3.5" X-over						
Blank Liner						
Preperf Liner						
tapered perf liner						



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 KCC WICHITA

Scientific Drilling International

Survey Completion Report

Company: Constellation Energy Partners	Date: 2/10/2009	Time: 08:58:19	Page: 1
Field: Montgomery County, KS	Co-ordinate(NE) Reference: Well: Knisley 5-10, True North		
Site: Section 8 - 33S - 17E	Vertical (TVD) Reference: Knisley 5-10 757.0		
Well: Knisley 5-10	Section (VS) Reference: Well (0.00N,0.00E,250.00Azi)		
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 8 - 33S - 17E	
Sec 8-33S-17E	
Site Position:	Northing: m
From: Lease Line	Easting: m
Position Uncertainty: 0.0 ft	Latitude:
Ground Level: 0.0 ft	Longitude:
	North Reference: True
	Grid Convergence: 1.80 deg

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KCC-WICHITA

Well: Knisley 5-10	Slot Name:
Well Position: +N/-S 0.0 ft	Latitude: 37 11 32.450 N
+E/-W 0.0 ft	Longitude: 95 34 11.790 W
Position Uncertainty: 0.0 ft	

Wellpath: Original Wellpath	Drilled From: Surface	
Original Wellpath Knisley 5-10	Tie-on Depth: 0.0 ft	
Current Datum: Knisley 5-10	Above System Datum: Mean Sea Level	Height 757.0 ft
Magnetic Data: 10/27/2008	Declination: 3.41 deg	
Field Strength: 52451 nT	Mag Dip Angle: 65.77 deg	
Vertical Section: Depth From (TVD)	+E/-W	Direction
ft	ft	deg
0.0	0.0	250.00

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	
216.0	0.61	71.38	216.0	0.4	1.1	-1.1	0.28	1.1	71.38	
355.0	0.85	98.31	355.0	0.5	2.8	-2.8	0.30	2.8	80.82	
375.0	0.60	112.28	375.0	0.4	3.1	-3.0	1.52	3.1	82.66	
399.0	1.51	235.13	399.0	0.2	2.9	-2.8	7.93	2.9	86.75	Higginsville
406.0	2.05	239.26	406.0	0.0	2.7	-2.6	7.93	2.7	88.99	
436.1	7.56	247.62	436.0	-1.0	0.4	-0.1	18.38	1.1	156.36	L Osage
438.0	7.90	247.75	437.8	-1.1	0.2	0.2	18.38	1.1	169.55	
461.6	12.78	251.28	461.1	-2.5	-3.8	4.4	20.83	4.5	236.17	Mulky
470.0	14.52	251.97	469.2	-3.2	-5.7	6.4	20.83	6.5	240.86	
501.0	21.58	256.60	498.7	-5.7	-14.9	16.0	23.22	16.0	249.14	
533.0	28.90	259.95	527.6	-8.4	-28.3	29.4	23.30	29.5	253.45	
565.0	35.86	260.54	554.6	-11.3	-45.1	46.3	21.77	46.5	255.96	
585.5	40.25	258.58	570.7	-13.6	-57.5	58.7	22.25	59.1	256.71	Skinner
596.0	42.52	257.70	578.6	-15.0	-64.4	65.6	22.25	66.1	256.86	
628.0	50.17	256.07	600.7	-20.3	-86.9	88.6	24.19	89.2	256.86	
660.0	58.11	255.85	619.4	-26.6	-112.0	114.4	24.82	115.1	256.65	
691.0	63.90	252.65	634.5	-34.0	-138.1	141.4	20.74	142.2	256.19	
723.0	66.29	248.89	647.9	-43.5	-165.5	170.4	13.01	171.1	255.27	
755.0	70.36	247.89	659.7	-54.5	-193.1	200.1	13.05	200.7	254.25	
774.0	73.41	247.39	665.7	-61.4	-209.9	218.2	16.19	218.7	253.70	Tebo
786.0	75.32	247.09	668.9	-65.8	-220.5	229.7	16.19	230.1	253.38	
818.0	81.85	246.19	675.2	-78.2	-249.3	261.0	20.59	261.3	252.57	
850.0	85.19	244.71	678.8	-91.5	-278.2	292.7	11.40	292.8	251.80	

Scientific Drilling International

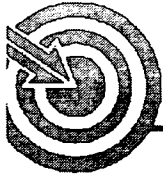
Survey Completion Report

Company: Constellation Energy Partners Field: Montgomery County, KS Site: Section 8 - 33S - 17E Well: Knisley 5-10 Wellpath: Original Wellpath	Date: 2/10/2009 Co-ordinate(NE) Reference: Vertical (TVD) Reference: Section (VS) Reference: Survey Calculation Method:	Time: 08:58:19 Well: Knisley 5-10, True North Knisley 5-10 757.0 Well (0.00N,0.00E,250.00Azi) Minimum Curvature	Page: 2 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
860.4	85.24	244.54	679.7	-95.9	-287.6	303.0	1.70	303.2	251.56	Weir-Pitt
881.0	85.33	244.20	681.4	-104.8	-306.1	323.4	1.70	323.5	251.10	
913.0	85.19	243.90	684.0	-118.7	-334.7	355.2	1.03	355.2	250.47	
945.0	82.62	243.60	687.4	-132.8	-363.3	386.8	8.09	386.8	249.92	
976.0	82.46	243.67	691.5	-146.5	-390.8	417.3	0.56	417.3	249.46	
1008.0	82.16	243.39	695.7	-160.6	-419.2	448.8	1.28	448.9	249.04	
1024.0	80.31	243.88	698.2	-167.6	-433.4	464.6	11.95	464.6	248.86	
1067.0	80.00	243.20	705.5	-186.5	-471.3	506.7	1.72	506.8	248.41	

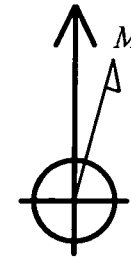
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Scientific Drilling

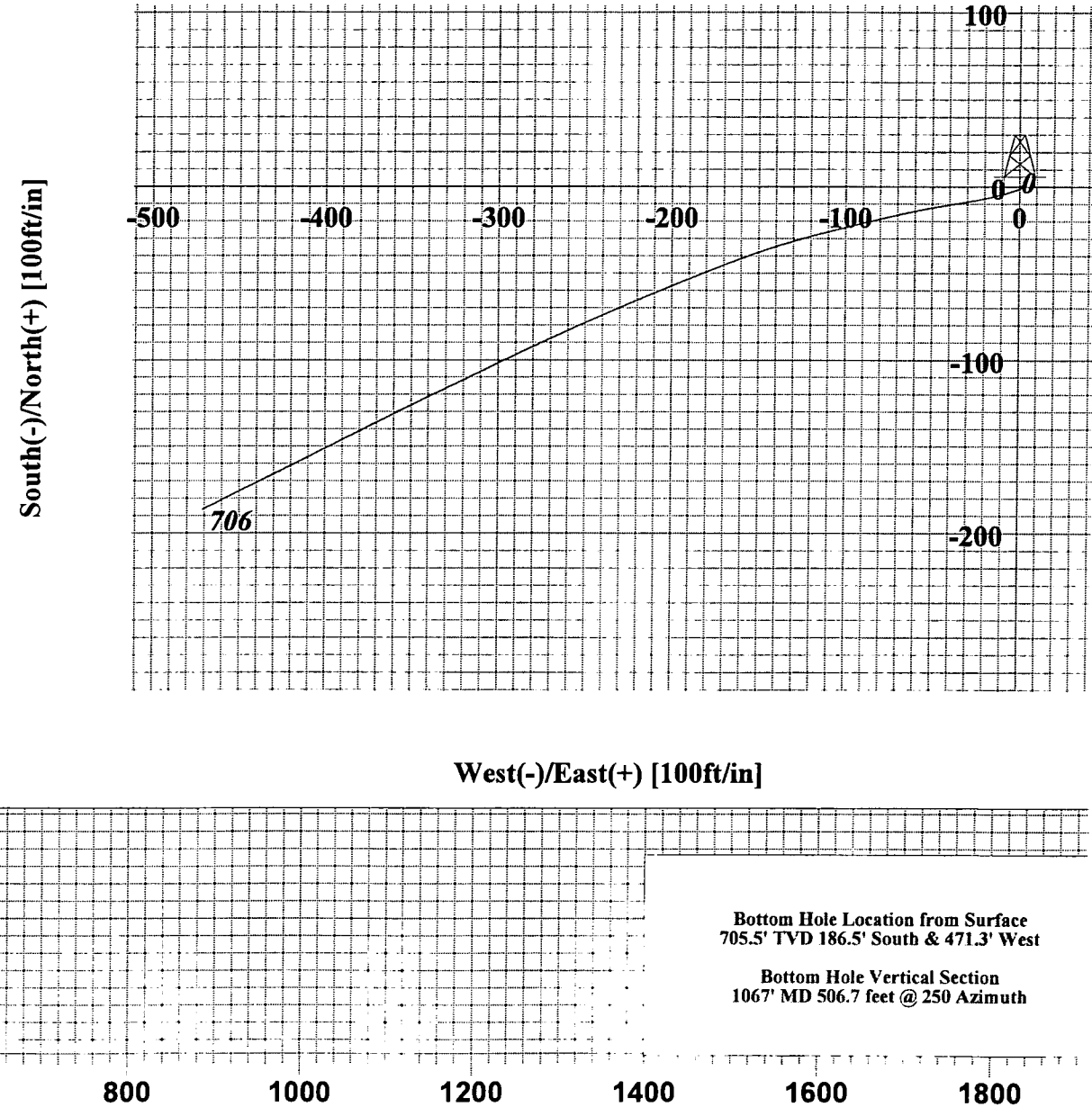
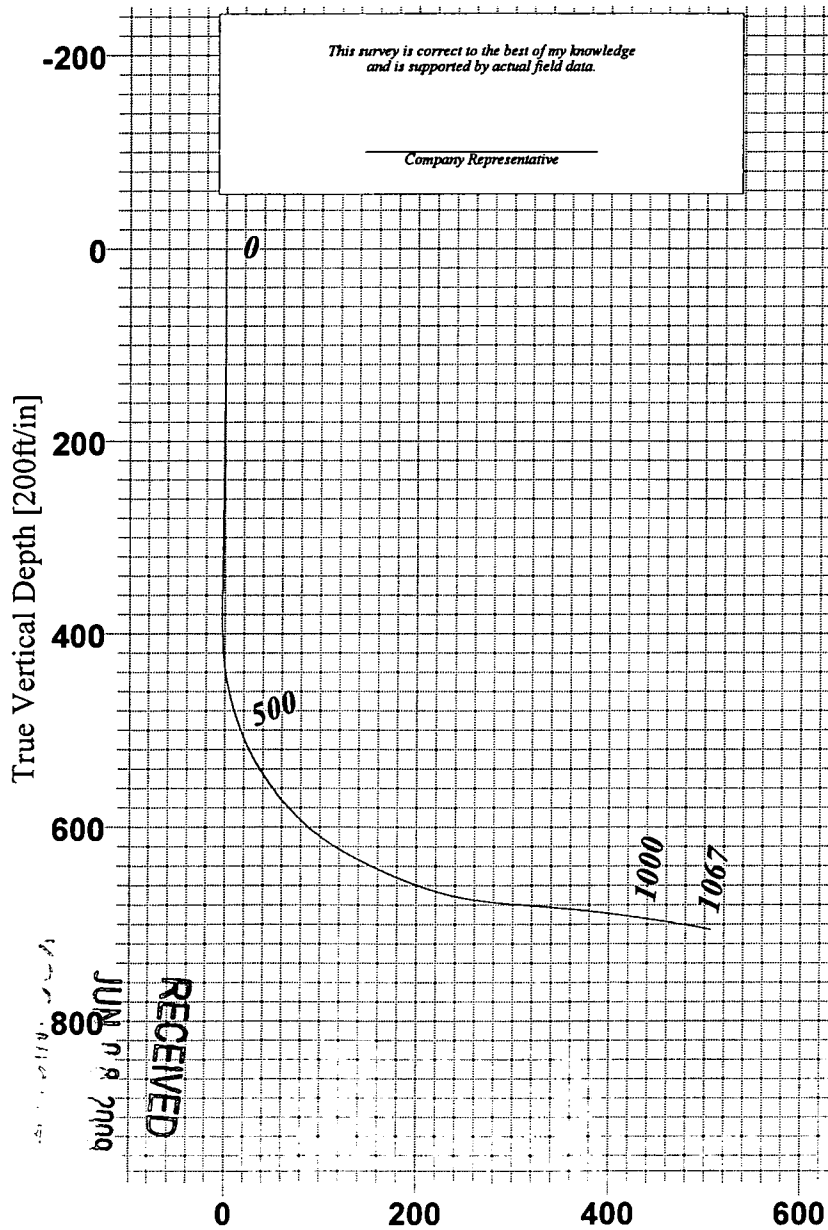
Constellation Energy Partners

Field: Montgomery County, KS
Site: Section 8 - 33S - 17E
Well: Knisley 5-10
Wellpath: Original Wellpath
Survey: Survey #1

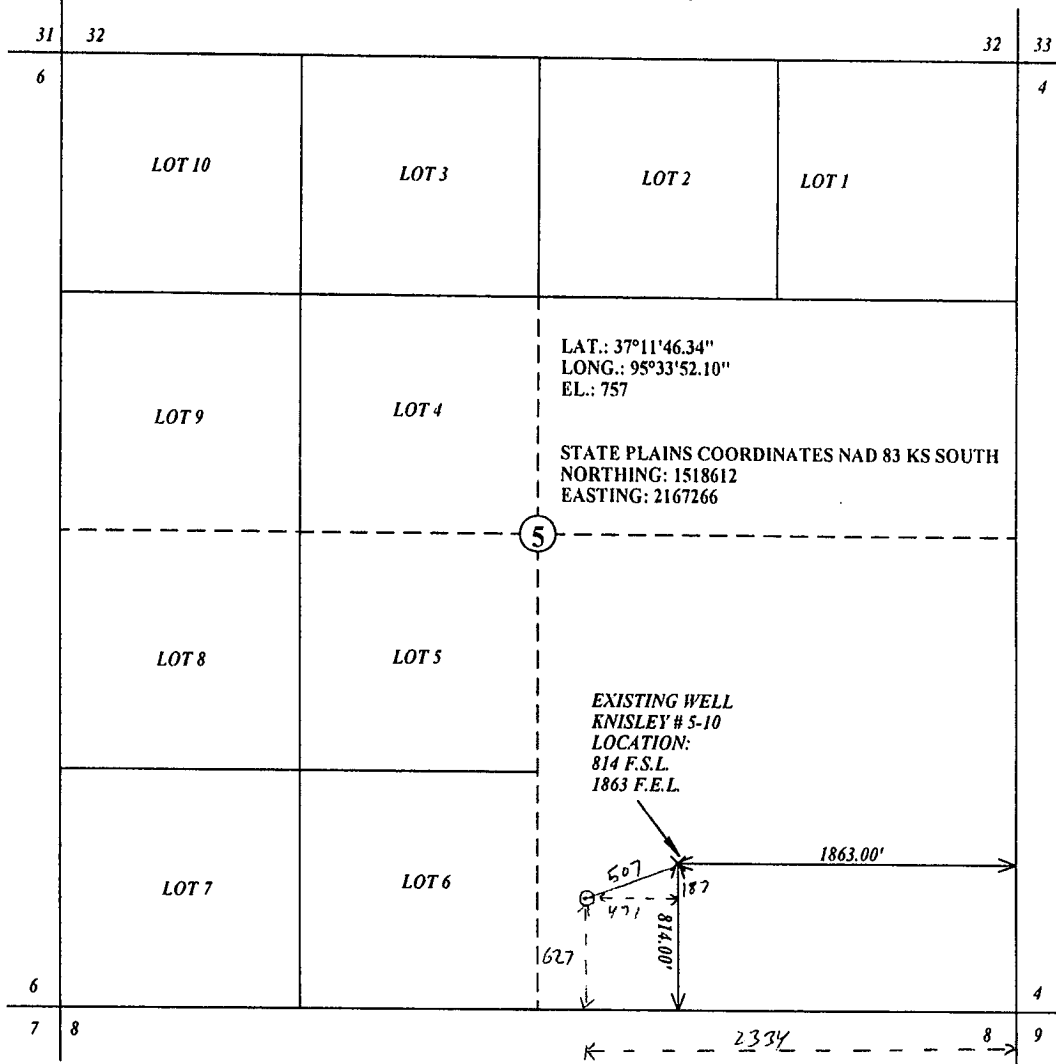


Azimuths to True North
Magnetic North: 3.41

Magnetic Field
Strength: 52451n
Dip Angle: 65.77
Date: 10/27/200
Model: igrf200



**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'

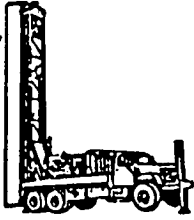
$\frac{1}{16}'' = 67'$

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KCC WICHITA

SCALE 1" = 1000' / 1066'	DATE 10/17/08	 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 02/05/09		ORDERED BY: RODNEY TATE <i>Actual 2/4/09</i>
DRAWN BY: D.L.	PROJECT# CLS-08-3331		
CHECKED BY: F.W.D	DATE OF SURVEY 10/17/08		



PENSE BROS. DRILLING CO., INC

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

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6327

KCC WICHITA

Date February 7, 2009

CEP Mid-Continent

P.O. Box 970

Skiatook, OK 74070

FEB 16 2009

PAID TO
DATE
FEB 18 2009
ACCOUNTING

Knisley

Well #5-10

16	Hours rigtime @ \$510.00/hr. (drilling)	2-05-09	\$ 8,160.00
24	Hours rigtime @ \$510.00/hr. (drilling)	2-06-09	12,240.00
8	Hours rigtime @ \$510.00/hr. (drilling)	2-07-09	4,080.00

Amount Due \$24,480.00

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

Account #	Property	Amount	AFE	SV	PERCENTAGE RATE
1927202	150184	24480.00	44081432	2/09	ALL PAST DUE
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----

Reviewed by *[Signature]*

Approved by *[Signature]*

Applied by *[Signature]*

Date Paid *[Signature]*

Check No. *[Signature]*

VENDOR #

10897

NSE 986

CEP 976

MCOS 985

IMMEDIATE

OVERNITE

4033

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

DRILLING REPORT-DAY SHIFT

73379

Rig# 24 Well# 5-10
Date: 02-05-09 Interval From: _____ To: _____
Day of the Week: THU
Customer/Operator: CEP
Location/State: KS County: Montgomery

Start AM Finish AM
Time 3:00 PM Time 8:00 PM
 Noon to Midnight Midnight to Noon

Surface
Pipe-Tally
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
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 <u>283</u>	Other <u>284</u>	Other _____
Helper <u>Rogelio Gomez</u>			
Helper <u>Joe Napier</u>			
Helper <u>Oscar Pedraza</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 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 <u>José Pedraza</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	2 Gal. Polymer		
7-8			
8-9	safety meeting, scientific tools Rig up		
9-10	scientific tools Rig up, tally pipes, tripin, Bottom		10:00 pm
10-11	start circulate, Drilling 6 3/4	418'	950
11-12	Drilling 6 3/4	456'	950
12-1	Drilling 6 3/4	528'	950
1-2	Drilling 6 3/4	630'	1000
2-3	Drilling 6 3/4, stop on 671', circulate		
3-4	tripout lay down scientific tools		
4-5	lay down scientific tools, guest motor, scientific tools Rig up		
5-6	scientific tools Rig up		
6-7	Tripin Bottom 6:25 AM, start circulate, drilling 6 3/4	705'	1000
7-8	Drilling 6 3/4	765'	1000

M

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 5-10
 Date: 02-06-09 Interval From: _____ To: _____
 Day of the Week: Fri
 Customer/Operator: CEP
 Location/State: KS County: Montgomery

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

Surface
Pipe-Tally
1
2
3
4
5
6
7
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28
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36
37
38
39
40
41
42
43
44
45
Total

EMPLOYEE:		EQUIPMENT	
Toolpusher <u>Terry Stanton</u>	Booster # _____	Driller <u>Jacobo Cuasero</u>	Compressor # _____
Helper <u>Jose A. Novella</u>	Compressor # _____	Helper <u>Robb Vazquez</u>	Other <u>283</u>
Helper <u>Ricky Smith</u>	Other <u>284</u>	Other _____	Other _____

Hammer: Make _____ Size _____ SN _____	Hammer Bit: Make _____ Model _____ Choke _____ SN _____	Tri-cone Bit: <u>6 3/4</u> Make <u>Reed</u> Model <u>SL51</u> IADC# _____
--	---	---

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 initiated 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 Robb Vazquez
 Driller Jacobo Cuasero 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>1 1/2 Polymes S BOL CASOSAN IN</u>		
7-8			
8-9	<u>Safety meeting Drilling @ 3/4</u>	<u>824</u>	<u>1000</u>
9-10	<u>Drilling @ 3/4 curve</u>	<u>858</u>	<u>1000</u>
10-11	<u>Drilling @ 3/4</u>	<u>891</u>	<u>1000</u>
11-12	<u>Drilling @ 3/4</u>	<u>923</u>	<u>1000</u>
12-1	<u>Drilling @ 3/4</u>	<u>967</u>	<u>1000</u>
1-2	<u>Drilling @ 3/4</u>	<u>1003</u>	<u>1000</u>
2-3	<u>Drilling @ 3/4</u>	<u>1032</u>	<u>1000</u>
3-4	<u>Drilling @ 3/4 stop 1067 TD 1067</u>	<u>1067</u>	<u>1000</u>
4-5	<u>circulate air out</u>		
5-6	<u>lay down scientific tools</u>		
6-7	<u>lay down scientific loggin pick up tools</u>		
7-8	<u>loggin pick up tool & hoses</u>		

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 5-10

Date: 02-06-09 Interval From: _____ To: _____

Start AM Finish (AM)

Day of the Week: FRI

Time 8:00 (PM) Time 8:00 PM

Customer/Operator: C.F.P.

Noon to Midnight Midnight to Noon

Location/State: KS County: Montgomery

EMPLOYEE:

EQUIPMENT

Toolpusher Jim Caselman
 Driller Jose Pedraza
 Helper Rogelio Gomez
 Helper Joe Napier
 Helper Oscar Pedraza
 Other _____

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

Helper Joe Napier

Driller Jose 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 _____

Description of incident _____

Time	Operation/Activity	Depth	Pressure
6-7			
7-8			
8-9	Safety meeting, lay down logging tools		
9-10	wash the tank		
10-11	pick up hoses		
11-12	work on Rig Head, pick up tools		
12-1	wait for casing		
1-2	wait for casing		
2-3	wait for casing		
3-4	wait for casing		
4-5	wait for casing		
5-6	wait for casing		
6-7	wait for casing		
7-8	wait for casing		

Surface
Pipe-Tally
1
2
3
4
5
6
7
8
9
10
11
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14
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36
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38
39
40
41
42
43
44
45
Total

4