

Operator Name: CEP Mid-Continent LLC Lease Name: KNISLEY Well #: 31-3
 Sec. 31 Twp. 32 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 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: Epithermal Neutron Pel Density, DIR, GR, CBL CCL, VDL	<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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Oswego</td> <td>665'</td> <td>250'</td> </tr> <tr> <td>Mulky Shale</td> <td>730'</td> <td>185'</td> </tr> <tr> <td>Weir-Pitt</td> <td>931'</td> <td>-16'</td> </tr> <tr> <td>Rowe</td> <td>1102'</td> <td>-187'</td> </tr> <tr> <td>Riverton</td> <td>1146'</td> <td>-231'</td> </tr> <tr> <td>Mississippi Chat</td> <td>1,161'</td> <td>-246'</td> </tr> </table>	Name	Top	Datum	Oswego	665'	250'	Mulky Shale	730'	185'	Weir-Pitt	931'	-16'	Rowe	1102'	-187'	Riverton	1146'	-231'	Mississippi Chat	1,161'	-246'
Name	Top	Datum																				
Oswego	665'	250'																				
Mulky Shale	730'	185'																				
Weir-Pitt	931'	-16'																				
Rowe	1102'	-187'																				
Riverton	1146'	-231'																				
Mississippi Chat	1,161'	-246'																				

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"	20#	40.1'	Portland	5	OWC, calcium, silica
Production	6-3/4"	4-1/2"	10.5#	955'	Class "A"	70	900# Gilsontite, 400# salt & gal.
Perf. Casing		3-1/2"	9.3#	2,586'			900# metso, 800# phenocel, 22 5# dical

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

RECEIVED
 KANSAS CORPORATION COMMISSION
 NOV 26 2008
 CONSERVATION DIVISION
 WICHITA, KS

TUBING RECORD:	Size: <u>2-3/8"</u>	Set At: <u>912'</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr.		Producing Method: <input type="checkbox"/> Flowing <input 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	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input 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 type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	--	--



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 # 225842

Invoice Date: 09/22/2008 Terms:

Page 1

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

RECEIVED
SEP 25 2008
BY _____

KNISLEY 31-3
18120
09/19/08

MADE IN
USA
SEP 29 2008
ACKNOWLEDGMENT

Part Number	Description	Qty	Unit Price	Total
1104	CLASS "A" CEMENT	8460.00	.1500	1269.00
1110	GILSONITE (50#)	900.00	.6500	585.00
1111	GRANULATED SALT (50 #)	400.00	.3300	132.00
1118B	PREMIUM GEL / BENTONITE	400.00	.1700	68.00
1111A	SODIUM METASILICATE	90.00	1.8000	162.00
1130	RPM	22.50	5.5000	123.75
1107A	PHENOSEAL (M) 40# BAG)	80.00	1.1500	92.00

Description	Hours	Unit Price	Total
419 CEMENT PUMP	1.00	925.00	925.00
419 EQUIPMENT MILEAGE (ONE WAY)	51.00	3.65	186.15
PLUG 4 1/2" PLUG CONTAINER	1.00	200.00	200.00
538 MIN. BULK DELIVERY	1.00	315.00	315.00

Account # 11927208 Property 150680 Amount 3768.12 AFE 44081346 SV 9/08

Reviewed by JW
Approved by DS

RECEIVED
KANSAS CORPORATION COMMISSION
NOV 26 2008
CONSERVATION DIVISION
WICHITA, KS

VENDOR # 10046
NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

IMMEDIATE

Parts:	2431.75	Freight:	.00	Tax:	128.90	AR	4186.80
Labor:	.00	Misc:	.00	Total:	4186.80		
Sublt:	.00	Supplies:	.00	Change:	.00		
							DISCOUNT <u>418.68</u>

Signed _____ Net Date 3768.12



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 18120

LOCATION BARTLESVILLE OK

FOREMAN DONNIE TATE

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-19-08	3115	KNISLEY 31-3				McFARLANE, KI
CUSTOMER <u>CEP</u>			TRUCK #		DRIVER	
MAILING ADDRESS			419		ANDY	
CITY			538		JAMES AL	
STATE			TRUCK #		DRIVER	
ZIP CODE						

JOB TYPE H/LS HOLE SIZE 6 3/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2 10.5#
 CASING DEPTH 893 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.1 SLURRY VOL 1.8 WATER gal/sk _____ CEMENT LEFT IN CASING 5
 DISPLACEMENT 13.8 DISPLACEMENT PSI 200 MIX PSI 200 RATE 4 1/2 BPM

REMARKS: DISPLACE W/ PER PLUG TO BTM LANDING @ 700'. 3 BUMPS TO 1000 TO SET PACKER FLAT @ 1400'. BLEED OFF TO 0. PRESSURE UP TO 2300 TO OPEN PACKER. RUN 90SK HORIZONTAL MIX. FOLLOWED BY WASH OUT PUMP AND LINES RELEASE 2nd Plug. Displacing 14 66L TO SET 2nd Plug at 1800' Plug Down 12:00

— CMT TO SURFACE —

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	51	MILEAGE		186.15
5407	min	BULK TRUCK		315.00
5621	1	4 1/2 PLUG CONTAINER		200.00
1104	90sk / 8460'	CLASS A CMT		1269.00
1110	18sk / 1900'	GILSONITE		585.00
1111	8 / 1400'	SALT		132.00
1118B	8 / 1400'	GEL		68.00
1114	1+ 90sk	METSO		162.00
1130	22.5#	DIACEL		123.75
1107A	25x / 80'	PHENO		92.00
2100	*	480 2200		
			5.9%	SALES TAX
				ESTIMATED TOTAL

RECEIVED
KANSAS CORPORATION COMMISSION
NOV 26 2008
CONSERVATION DIVISION
WICHITA, KS

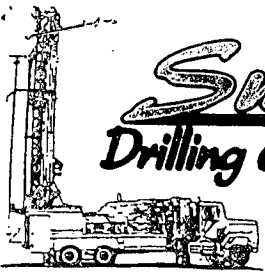
Thank You

Ravin 3737

AUTHORIZATION *[Signature]* TITLE _____ DATE _____

225842

128.90
4186.80



Smith Drilling Company

5537

5537

396871 West 1063 Way Dewey, OK 74029
Home: 918-534-1020 • Mobile: 918-534-7707

Dewey, OK 74029
Mobile: 918-534-7707

MAIL TO DATE
AUG 13 2008
CUSTOMER ACCOUNTING

BILLING INFORMATION

Date AUGUST 5, 2008

AUGUST 5, 2008

CUSTOMER: CONSTELLATION ENERGY

LEASE: KILISLEY MONTGOMERY COUNTY

WELL #: #31-3
Sec 31 Twp 32S Range 17E

592 Shale
615 Sandy Shale
620 Sand
647 Lime
TD

RECEIVED
KANSAS CORPORATION COMMISSION
NOV 26 2008
CONSERVATION DIVISION
WICHITA, KS

Quantity	Description	Amount
647'	Drilled at \$ 10.25 per foot	\$ 6,631.75
43'	Surface Pipe @ \$ 2.50 per foot	\$ 107.50
5	Sacks Cement @ \$ 18.00 Per sack	\$ 90.00
	Bags. @ each	
	Pit and Dozer Work	
	@	
7 1/2	Hours Rig Time @ 350.00 (surface)	\$ 2,625.00
4 hrs.	@ 350.00 per foot	\$ 1,400.00
	Hours Booster Logging & Tear Down	
	Hours Aux	
	Bit Size	Review
		Approv
		Approv
		Date P
		Check
		\$10,854.25

ed by _____
ed by _____
ed by _____
id _____



Thank you for your business!

PLEASE SEND YELLOW COPY WITH PAYMENT

- 462 - 494 Sandy Shale
- 494 - 499 Sand
- 499 - 536 Sandy Shale
- 536 - 559 Lime
- 559 - 567 Shale
- 567 - 569 Coal

ACCOUNT # _____ Amount AFE SV
11927201 150180 10,854.25 44081346 208

IMMEDIATE

VENDOR # 10537
NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Terms 1

Account # Property Amount AFE SV



Smith Drilling Company

Dewey,
OK

396871 West 1063 Way - Dewey, OK 74029
Home: 918-534-1020 - Mobile: 918-534-7707

5537

CONSTELLATION ENERGY
Montgomery County, Ks
Sec 31 Twp 32S Range 17E

KEISLEY LEASE
Well#31-3

AUGUST 5, 2008

0	-	43	Surface
43	-	125	Shale
125	-	133	Lime
133	-	187	Shale
187	-	196	Lime
196	-	218	Sandy Shale
218	-	252	Shale
252	-	254	Lime
254	-	258	Shale
258	-	260	Lime
260	-	278	Shale
278	-	329	Shale W/Lime Streaks
329	-	344	Shale
344	-	350	Shaley Lime
350	-	364	Lime
364	-	379	Shale
379	-	399	Lime
399	-	404	Shale
404	-	409	Lime & Shale Mix
409	-	421	Lime
421	-	462	Sand
462	-	494	Sandy Shale
494	-	499	Sand
499	-	536	Sandy Shale
536	-	559	Lime
559	-	567	Shale
567	-	569	Coal

569	-	592	Shale
592	-	615	Sandy Shale
615	-	620	Sand
620	-	647	Lime
647	-		TD

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 26 2008

CONSERVATION DIVISION
WICHITA, KS

ed by _____
 id by _____
 id by _____
 id _____

Account #	Property	Amount	AFE	SV
11927201	15018010	85425	44081346	808

IMMEDIATE

VENDOR # 10537
 NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Terms I

Account #	Property	Amount	AFE	SV
-----------	----------	--------	-----	----



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 18191
LOCATION Batesville
FOREMAN Jason Bell

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
9-10-08	3105	Kaisley 31-3				Me.
CUSTOMER <u>C.P.P. dd energy</u>			TRUCK #			
MAILING ADDRESS			DRIVER		TRUCK #	
CITY			DRIVER		TRUCK #	
STATE			DRIVER		TRUCK #	
ZIP CODE			DRIVER		TRUCK #	

JOB TYPE Kick off HOLE SIZE 6 3/4 HOLE DEPTH 940 CASING SIZE & WEIGHT 2 3/8
 CASING DEPTH 912 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.6 SLURRY VOL _____ WATER gal/sk 5.7 CEMENT LEFT in CASING _____
 DISPLACEMENT 2.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Ran 2 sls gel established circulation. Ran 70sls of Class A with 4% o.w.c. 1% calcium and 7/2 silica flour. Displaced 2.5 bbls. Rig started pulling pipe.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
540b	52	MILEAGE		189.80
5407	1	bulk truck		315.00
5402	940	footage		188.00
1104	6580#	Class A	*	987.00
1101	300#	Cal seal (o.w.c.)	*	108.00
1139	500#	Silica Flour	*	230.00
1118b	100#	Cal	*	17.00
				5.3 *
				SALES TAX 76.73
				ESTIMATED TOTAL 3030.92
				DATE 9/10/08

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 26 2008

CONSERVATION DIVISION
WICHITA, KS

Ravin 3737

AUTHORIZATION Taylor/Wesley TITLE _____ # 225592
 SALES TAX 76.73
 ESTIMATED TOTAL 3030.92
 DATE 9/10/08



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 # 225592

Invoice Date: 09/12/2008 Terms:

Page 1

CEP MID-CONTINENT LLC
P.O. BOX 40
DEWEY OK 74029
(918)534-1700

KNISLEY 31-3
18191
09-10-08

RF
SEP 14 2008

Part Number	Description	Qty	Unit Price	Total
1104	CLASS "A" CEMENT	6580.00	.1500	987.00
1101	CAL SEAL	300.00	.3600	108.00
1139	SILLICA FLOUR 200	500.00	.4600	230.00
1118B	PREMIUM GEL / BENTONITE	100.00	.1700	17.00

Description	Hours	Unit Price	Total
418 CEMENT PUMP	1.00	925.00	925.00
418 EQUIPMENT MILEAGE (ONE WAY)	52.00	3.65	189.80
418 CASING FOOTAGE	940.00	.20	188.00
518 MIN. BULK DELIVERY	1.00	315.00	315.00

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 26 2008

CONSERVATION DIVISION
WICHITA, KS

Parts: 1342.00 Freight: .00 Tax: 71.12 AR 3030.92
Labor: .00 Misc: .00 Total: 3030.92
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

MCALISTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

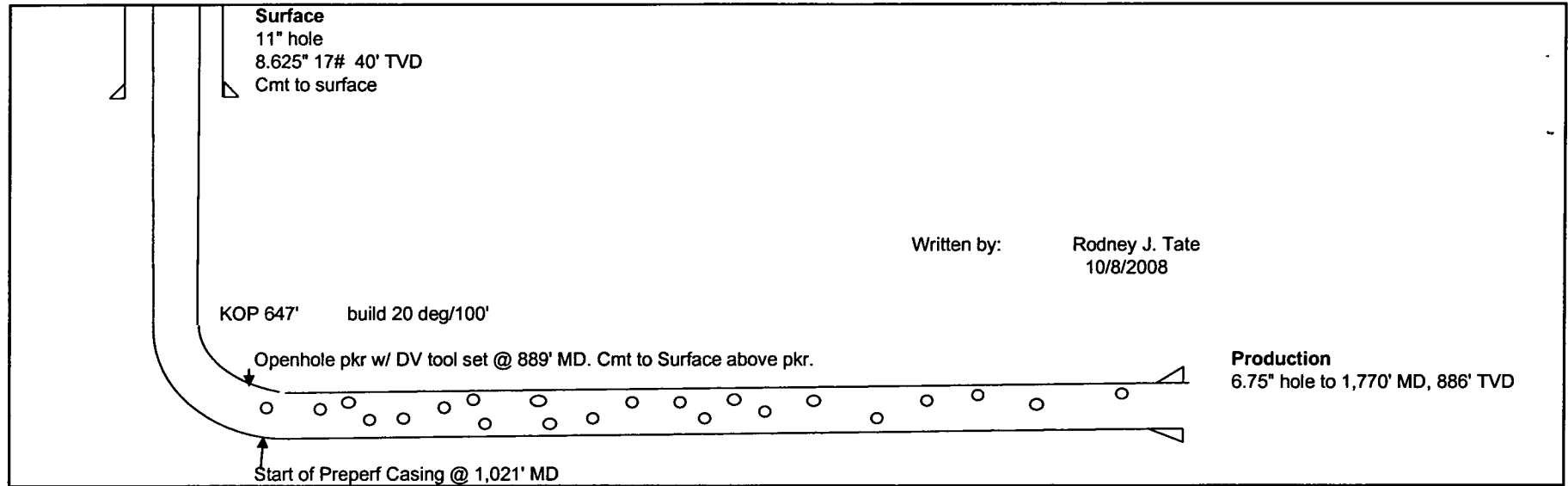
THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577

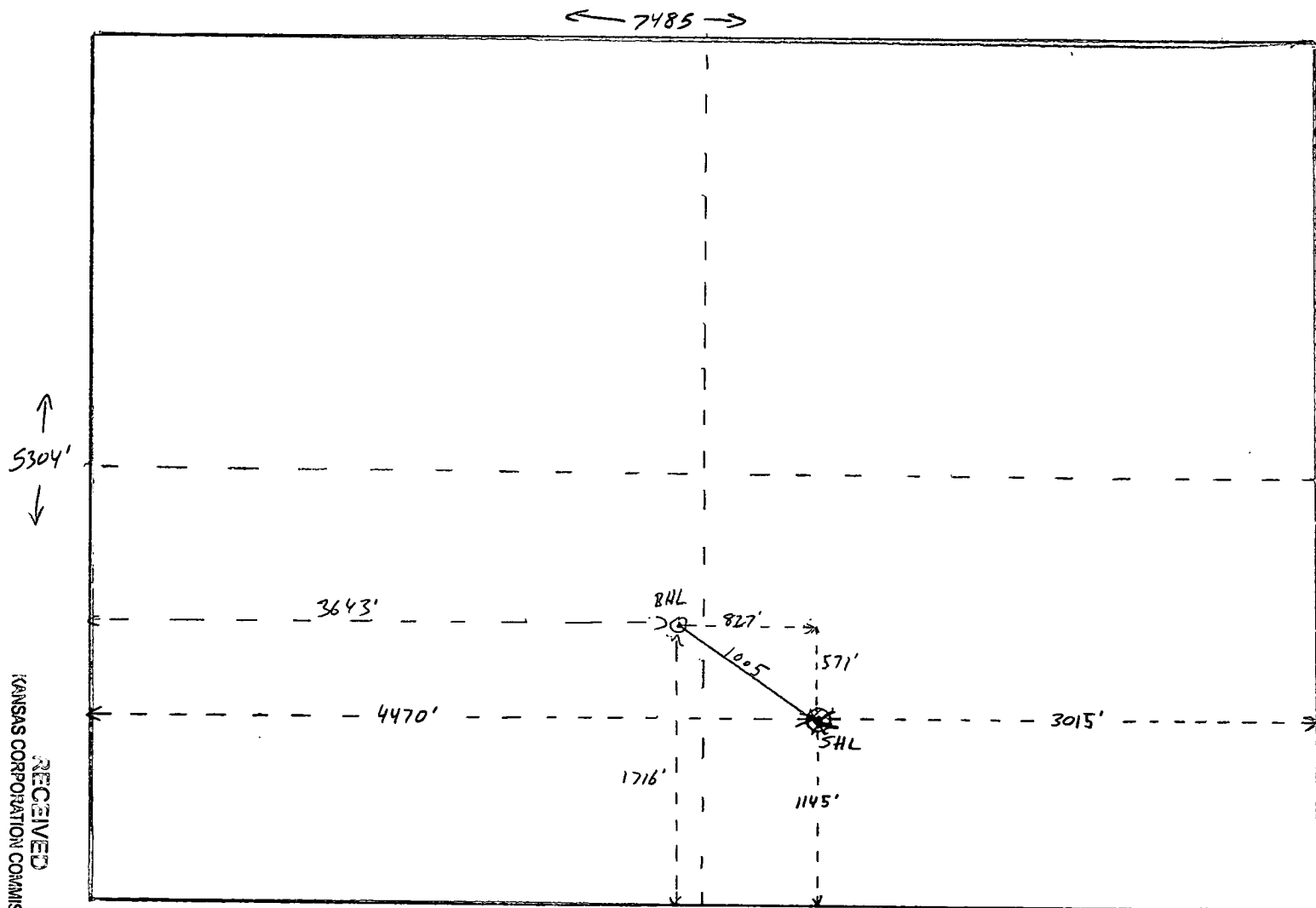
Actual Knisley 31-3 Wellbore Diagram

Actual Surface Loc: SE/4 Sec 31 T32S – R17E, Montgomery Co., KS
 Actual Loc: 1,145' FSL, 3,015' FEL, ELEV 918'
 Actual Bottomhole Loc: SW/4 Sec 31 T32S – R17E
 Actual Bottomhole Loc, Start of Target: 1,301' FSL, 3,216' FEL Sec 31
 Actual Bottomhole Loc, End of Target: 1,716' FSL, 3,643' FWL Sec 31 Azim 303°
 Actual Lateral Length: 753'
 Actual Vertical Section: 1,005'

	Size	Wt	# jts.	Length	MD	TVD
Surface Casing	8.625"	20#	NA	40.00	40.00	40
Production Casing	4.5"	10.5#	26	861.40	861.40	829
Stage Tool	4.5"			2.00	863.40	830
Ann. Csg. Pkr	4.5"			26.00	889.40	835
Production Casing	4.5"	10.5#	2	66.20	955.60	869
4.5" x 3.5" X-over				0.87	956.47	870
Blank Liner	3.5"	9.3#	2	64.23	1,020.70	885
Preperf Liner	3.5"	9.3#	23	694.31	1,715.01	885
tapered perf liner	3.5"	9.3#	1	30.55	1,745.56	886



KANSAS CORPORATION CONSERVATION
 NOV 26 2008
 CONSERVATION DIVISION
 WICHITA, KS



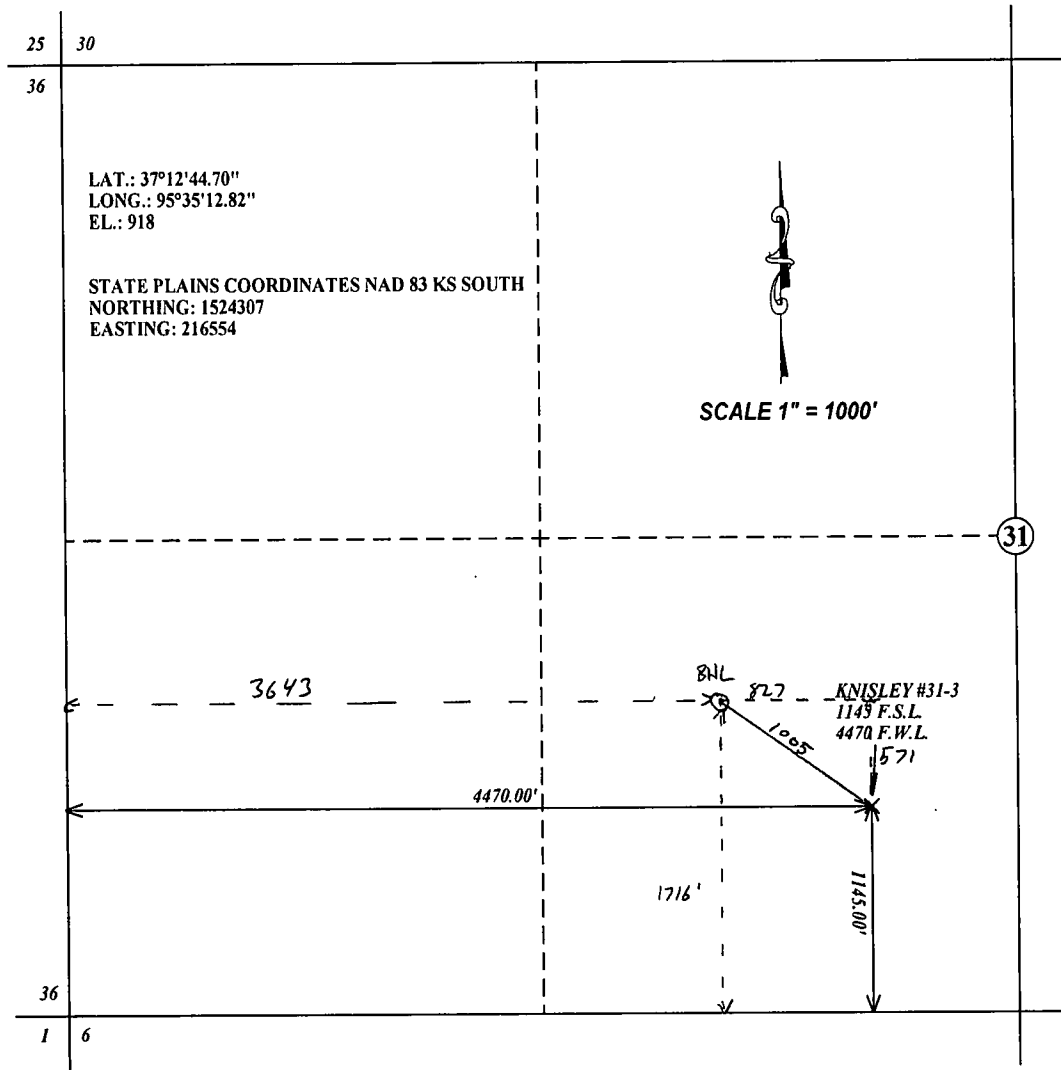
1" = 1000'
 1/16" = 62.5'

KNISLEY 31-3 — SEC. 31, 32S-17E ; MONTGOMERY CO., KS

Actual: RJT 10/8/05

RECEIVED
 KANSAS CORPORATION COMMISSION
 NOV 26 2008
 CONSERVATION DIVISION
 WICHITA, KS

WELL LOCATION SECTION 31, T-32-S, R-17-E, P.M. MONTGOMERY COUNTY, KANSAS




This well location represents a proposed well site and does not represent a boundary survey. This site was staked in accordance with the Laws of the State of Kansas and this sketch shows the results of this survey. This well location has been very carefully staked on the ground according to the latest survey records, maps and topos available to us, but its accuracy is not guaranteed. Review this plat and notify Commercial Land Surveys, Inc., immediately of any discrepancy.

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 26 2008

CONSERVATION DIVISION
WICHITA, KS

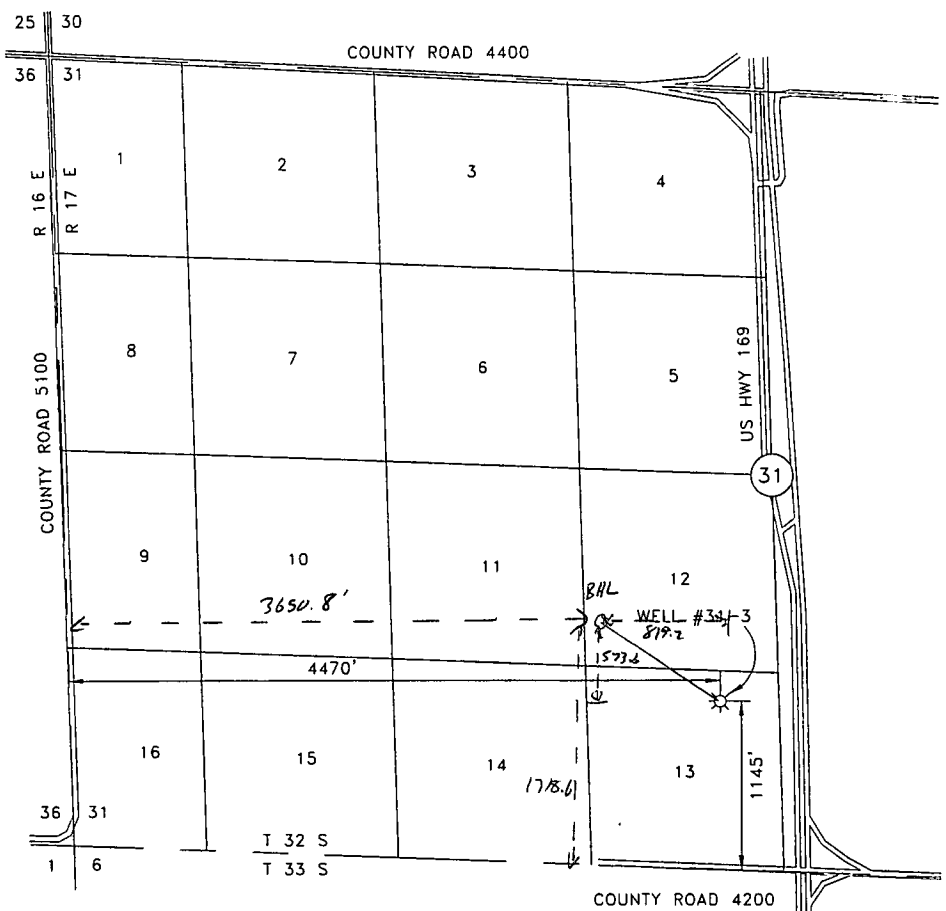
1/16" = 66'

SCALE 1" = 1000' 1056	DATE 8/28/08	 <p>580-759-3886 RT 2 BOX 191B STRATFORD, OK 74872</p>	FOR: CEP MID-CONTINENT, LLC 15 WEST 6TH STREET 14TH FLOOR TULSA, OK 74119
SHEET 1 OF 1	DATE REVISED		ORDERED BY: PENNEY SNYDER
DRAWN BY: D.L.	PROJECT# CLS-08-3263		
CHECKED BY: F.W.D.	DATE OF SURVEY 8/27/08		

Actual RST 10/8/08

SECTION 31
T 32 S - R 17 E, 6TH P.M.
MONTGOMERY COUNTY, KANSAS

BASIS OF BEARINGS: KANSAS STATE PLANE
GPS - SOUTH ZONE NAD 83



LAT.: 37°12'44.68" N SCALE: 1"=1000' DATE STAKED: 4/18/08
LON.: 95°35'12.71" W OPERATOR: CONSTELLATION ENERGY ELEVATION: 915'
ELEV.: 915' LEASE NAME: KNISLEY WELL NO.: #31-3
TOPOGRAPHY & VEGETATION: FLAT, FEW TREES

SHL: 1145' FSL + 4470' FWL
BHL: 1718.6 FSL + 3650.8 FWL

1" = 1308.6'

NOTE:
This map represents a proposed well site and does not represent a true boundary survey. This location has been very carefully staked on the ground according to the latest G.L.O. records, U.S.G.S. maps and photographs available to us, but its accuracy is not guaranteed. Review this plat and notify Gateway Services Group, LLC immediately of any possible discrepancy.

LINDY F. GLENN DATE
KANSAS R.P.L.S. NO.: 1244

		CONSTELLATION ENERGY 1440 SOUTH HAYNIE STREET P.O. BOX 970 SKIATOOK, OK 74070	
Gateway Services Group		PO BOX 960, WEEKER, OK 74858 Phone: 405-273-0554 Fax: 405-273-0580	
WELL SITE SURVEY WELL #31-3 SEC. 31, T 32 S - R 17 E, 6TH P.M. MONTGOMERY COUNTY, KANSAS			
DRAWN BY: RLG DWG. No.: 28-0403-001	DATE: 4/22/08	SCALE: 1"=1000'	CH:BDW
REV.	DESCRIPTION	DWN.	DATE

CONSERVATION DIVISION
WICHITA, KS

NOV 26 2008

KANSAS CONSERVATION COMMISSION

Scientific Drilling International

Survey Completion Report

Company: Constellation Energy Partners		Date: 9/23/2008	Time: 10:50:32	Page: 1						
Field: Montgomery County, KS		Co-ordinate(NE) Reference:	Well: Knisley 31-3, True North							
Site: Sec 31 - 32S - 17E		Vertical (TVD) Reference:	Knisley 31-3 RE 923.0							
Well: Knisley 31-3		Section (VS) Reference:	Well (0.00N,0.00E,305.00Azi)							
Wellpath: <u>Re-Entry</u>		Survey Calculation Method:	Minimum Curvature	Db: Sybase						
Survey: Survey #1		Start Date:	9/23/2008							
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: Sec 31 - 32S - 17E										
Sec 31-32S-17E										
Site Position:	Geographic	Northing:	464618.92 m	Latitude: 37 12 45.000 N						
From:	Geographic	Easting:	658533.38 m	Longitude: 95 35 13.000 W						
Position Uncertainty:	0.0 ft			North Reference: True						
Ground Level:	0.0 ft			Grid Convergence: 1.79 deg						
Well: Knisley 31-3 Slot Name:										
Well Position: +N/-S 0.0 ft Northing: 464618.92 m Latitude: 37 12 45.000 N										
+E/-W 0.0 ft Easting: 658533.38 m Longitude: 95 35 13.000 W										
Position Uncertainty: 0.0 ft										
Wellpath: Re-Entry		Drilled From:	Original Wellpath							
Re-Entry Knisley 31-3		Tie-on Depth:	0.0 ft							
Current Datum:	SITE	Height	923.0 ft	Above System Datum:						
Magnetic Data:	9/3/2008			Mean Sea Level						
Field Strength:	52478 nT			Declination: 3.44 deg						
Vertical Section:	Depth From (TVD)	+N/-S		Mag Dip Angle: 65.79 deg						
	ft	ft		Direction						
				deg						
	0.0	0.0	0.0	305.00						
Survey										
MD	Incl	Azim	TVD	N/S	E/W	VS	DLS	CtsD	CtsA	Comment
ft	deg	deg	ft	ft	ft	ft	deg/100ft	ft	deg	
0.0	0.00	0.00	0.0	0.0	0.0	0.0	0.00	0.0	0.00	
312.0	1.01	208.74	312.0	-2.4	-1.3	-0.3	0.32	2.7	208.74	
566.0	1.28	213.41	565.9	-6.7	-4.0	-0.6	0.11	7.8	210.43	
598.0	1.27	218.13	597.9	-7.3	-4.4	-0.6	0.33	8.5	210.88	
628.0	4.89	286.30	627.9	-7.2	-5.8	0.6	15.24	9.3	218.82	
659.0	10.50	295.30	658.6	-5.6	-9.6	4.7	18.45	11.2	239.64	
691.0	17.01	300.61	689.7	-2.0	-16.3	12.2	20.70	16.4	262.98	
723.0	24.10	305.71	719.6	4.2	-25.7	23.4	22.83	26.0	279.29	
754.0	31.81	309.44	747.0	13.1	-37.1	37.9	25.49	39.4	289.43	
786.0	39.78	313.56	772.9	25.5	-51.1	56.5	26.01	57.1	296.56	
818.0	47.79	316.62	796.0	41.2	-66.7	78.3	25.89	78.4	301.73	
849.0	54.71	317.73	815.4	59.0	-83.1	101.9	22.50	101.9	305.36	
881.0	57.93	315.05	833.1	78.2	-101.4	128.0	12.24	128.1	307.63	
913.0	61.08	311.63	849.4	97.1	-121.5	155.2	13.48	155.6	308.64	
945.0	65.96	307.94	863.6	115.4	-143.5	183.8	18.41	184.2	308.81	
976.0	71.98	305.59	874.8	132.7	-166.7	212.7	20.67	213.1	308.53	
1008.0	78.55	303.31	882.9	150.2	-192.2	243.6	21.66	243.9	308.01	
1016.0	80.44	303.03	884.4	154.5	-198.8	251.5	23.87	251.8	307.86	
1018.4	80.88	302.98	884.8	155.8	-200.8	253.9	18.11	254.2	307.81	
1036.4	84.76	301.56	887.0	165.4	-215.9	271.7	22.95	272.0	307.45	Weir-Pitt
1040.0	85.53	301.28	887.3	167.2	-218.9	275.2	22.95	275.5	307.37	
1072.0	90.57	302.52	888.4	184.1	-246.1	307.2	16.22	307.3	306.80	
1103.0	91.38	303.35	887.9	201.0	-272.1	338.1	3.74	338.3	306.45	
1135.0	91.14	303.61	887.2	218.6	-298.8	370.1	1.11	370.2	306.19	

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 26 2008

CONSERVATION DIVISION
WICHITA, KS

Scientific Drilling International

Survey Completion Report

Company: Constellation Energy Partners	Date: 9/23/2008	Time: 10:50:32	Page: 2
Field: Montgomery County, KS	Co-ordinate(NE) Reference: Well: Knisley 31-3, True North		
Site: Sec 31 - 32S - 17E	Vertical (TVD) Reference: Knisley 31-3 RE 923.0		
Well: Knisley 31-3	Section (VS) Reference: Well (0.00N,0.00E,305.00Azi)		
Wellpath: Re-Entry	Survey Calculation Method: Minimum Curvature		Db: Sybase

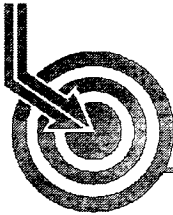
Survey

MD ft	Incl deg	Azim deg	TVD ft	N/S ft	E/W ft	VS ft	DLS deg/100ft	ClSD ft	ClSA deg	Comment
1167.0	91.14	304.06	886.5	236.4	-325.3	402.1	1.41	402.2	306.01	
1199.0	91.08	304.40	885.9	254.4	-351.8	434.1	1.08	434.2	305.87	
1231.0	90.81	304.81	885.4	272.6	-378.1	466.1	1.53	466.1	305.79	
1262.0	90.84	305.05	884.9	290.3	-403.5	497.1	0.78	497.1	305.73	
1294.0	90.91	304.77	884.4	308.7	-429.8	529.1	0.90	529.1	305.68	
1326.0	91.18	304.54	883.9	326.8	-456.1	561.1	1.11	561.1	305.63	
1358.0	90.54	304.17	883.4	344.9	-482.5	593.1	2.31	593.1	305.56	
1389.0	89.93	303.81	883.2	362.2	-508.2	624.1	2.28	624.1	305.48	
1421.0	89.70	304.04	883.4	380.1	-534.8	656.1	1.02	656.1	305.40	
1453.0	89.76	303.71	883.5	397.9	-561.3	688.1	1.05	688.1	305.33	
1485.0	89.73	303.53	883.6	415.6	-588.0	720.1	0.57	720.1	305.26	
1516.0	89.46	302.96	883.9	432.6	-613.9	751.0	2.03	751.0	305.17	
1548.0	89.60	302.94	884.1	450.0	-640.8	783.0	0.44	783.0	305.08	
1580.0	89.23	302.44	884.5	467.3	-667.7	815.0	1.94	815.0	304.99	
1612.0	89.16	302.39	884.9	484.5	-694.7	847.0	0.27	847.0	304.89	
1643.0	89.26	302.78	885.3	501.2	-720.8	877.9	1.30	877.9	304.81	
1675.0	90.30	303.35	885.5	518.6	-747.6	909.9	3.71	909.9	304.75	
1707.0	89.83	302.90	885.4	536.1	-774.4	941.9	2.03	941.9	304.69	
1727.0	89.83	303.18	885.5	547.0	-791.2	961.9	1.40	961.9	304.66	
1770.0	89.83	303.18	885.6	570.6	-827.2	1004.8	0.00	1004.9	304.60	

RECEIVED
KANSAS CORPORATION

NOV 26 2008

CONSERVATION DIVISION
WICHITA, KS



Scientific Drilling

Constellation Energy Partners

Field: Montgomery County, KS
Site: Sec 31 - 32S - 17E
Well: Knisley 31-3
Wellpath: Re-Entry
Survey: Survey #1

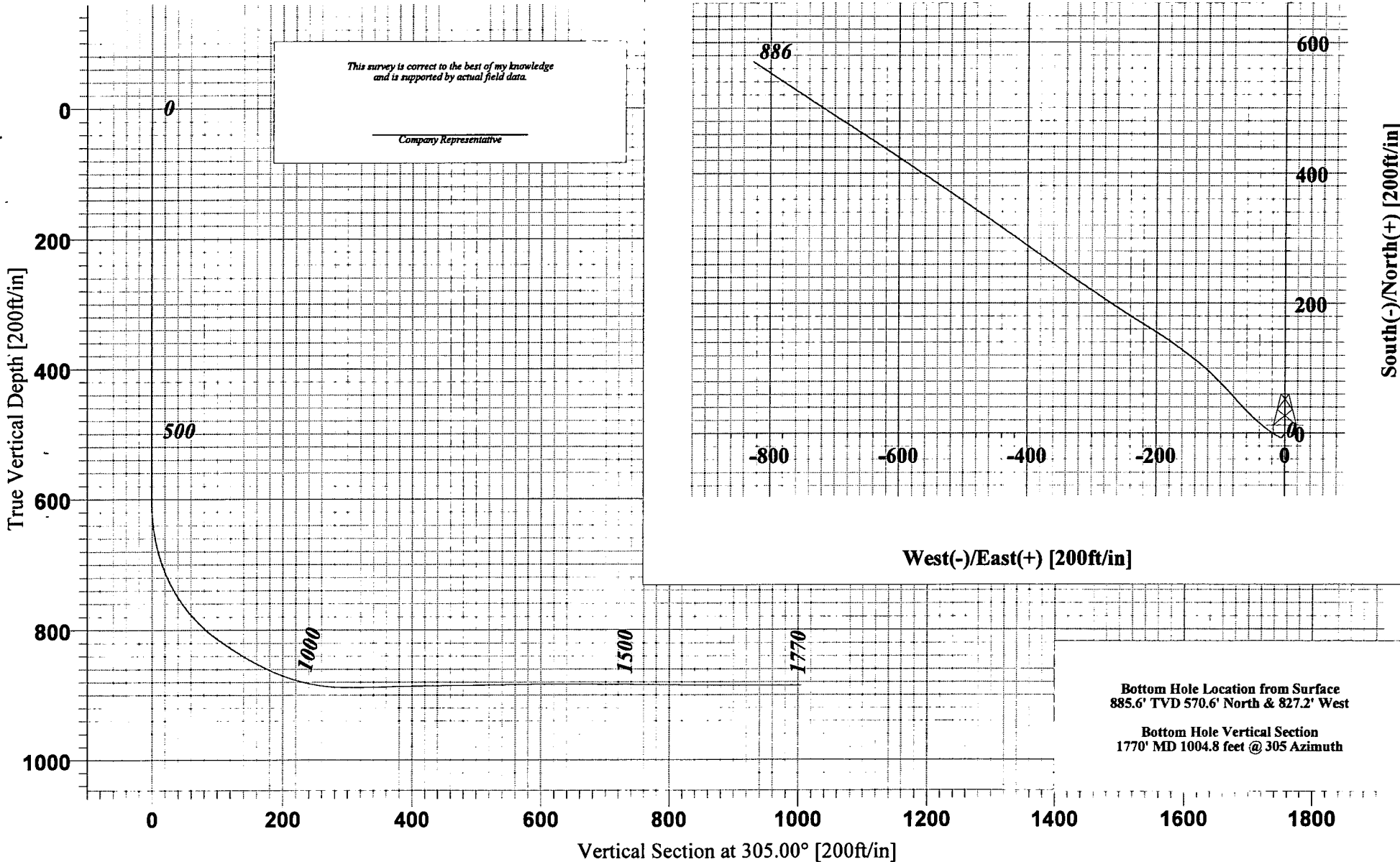


Azimuths to True North
Magnetic North: 3.44°

Magnetic Field
Strength: 52478nT
Dip Angle: 65.79°
Date: 9/3/2008
Model: igrf2005

This survey is correct to the best of my knowledge
and is supported by actual field data.

Company Representative



Bottom Hole Location from Surface
885.6' TVD 570.6' North & 827.2' West

Bottom Hole Vertical Section
1770' MD 1004.8 feet @ 305 Azimuth

Scientific Drilling International

Survey Completion Report

Company: Constellation Energy Partners	Date: 8/22/2008	Time: 10:46:28	Page: 1
Field: Montgomery County, KS	Co-ordinate(NE) Reference: Well: Knisley 31-3, True North		
Site: Sec 31 - 32S - 17E	Vertical (TVD) Reference: SITE 0.0		
Well: Knisley 31-3	Section (VS) Reference: Well (0.00N,0.00E,318.00Azi)		
Wellpath: Original Wellpath	Survey Calculation Method: Minimum Curvature	Db: Sybase	

Survey: Survey #1	Start Date: 8/22/2008	
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: Sec 31 - 32S - 17E

Sec 31-32S-17E

Site Position:	Northing: 464618.92 m	Latitude: 37 12 45.000 N	
From: Geographic	Eastings: 658533.38 m	Longitude: 95 35 13.000 W	
Position Uncertainty: 0.0 ft		North Reference: True	
Ground Level: 0.0 ft		Grid Convergence: 1.79 deg	

Well: Knisley 31-3	Slot Name:	
Well Position: +N/-S 0.0 ft	Northing: 464618.92 m	Latitude: 37 12 45.000 N
+E/-W 0.0 ft	Eastings: 658533.38 m	Longitude: 95 35 13.000 W
Position Uncertainty: 0.0 ft		

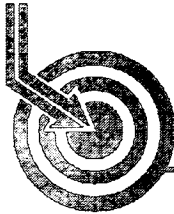
Wellpath: Original Wellpath	Drilled From: Surface	
Original Wellpath Knisley 31-3	Tie-on Depth: 0.0 ft	
Current Datum: SITE	Above System Datum: Mean Sea Level	
Magnetic Data: 4/29/2008	Declination: 3.48 deg	
Field Strength: 52518 nT	Mag Dip Angle: 65.81 deg	
Vertical Section: Depth From (TVD)	+E/-W	Direction
ft	ft	deg
0.0	0.0	0.0
		318.00

Survey	MD	Incl	Azim	TVD	N/S	E/W	VS	DLS	ClsD	ClsA	Comment
	ft	deg	deg	ft	ft	ft	ft	deg/100ft	ft	deg	
	0.0	0.00	0.00	0.0	0.0	0.0	0.0	0.00	0.0	0.00	
	312.0	1.01	208.75	312.0	-2.4	-1.3	-0.9	0.32	2.7	208.75	
	566.0	1.28	213.41	565.9	-6.7	-4.0	-2.4	0.11	7.8	210.44	
	598.0	1.27	218.13	597.9	-7.3	-4.4	-2.5	0.33	8.5	210.88	
	629.0	1.48	225.16	628.9	-7.9	-4.9	-2.6	0.87	9.3	211.76	
	661.0	3.40	287.29	660.9	-7.9	-6.1	-1.8	9.40	9.9	217.61	
	665.1	4.07	294.25	665.0	-7.8	-6.3	-1.6	19.65	10.0	219.08	Oswego
	693.0	9.22	311.88	692.7	-5.9	-8.9	1.6	19.65	10.7	236.49	
	725.0	16.24	322.64	723.9	-0.6	-13.5	8.6	23.06	13.5	267.42	
	731.5	17.83	323.52	730.1	0.9	-14.7	10.5	24.68	14.7	273.57	Mulky
	757.0	24.06	325.89	753.9	8.4	-19.9	19.5	24.68	21.6	292.79	
	788.0	32.38	327.07	781.2	20.6	-28.0	34.0	26.90	34.7	306.34	
	820.0	39.98	327.05	807.0	36.4	-38.2	52.7	23.75	52.8	313.61	
	852.0	45.80	324.41	830.4	54.4	-50.5	74.2	19.03	74.2	317.12	
	884.0	50.96	321.17	851.7	73.4	-65.0	98.1	17.81	98.1	318.48	
	902.0	53.86	319.01	862.7	84.4	-74.2	112.3	18.71	112.3	318.68	
	949.0	61.43	313.37	887.8	112.9	-101.7	151.9	19.02	151.9	318.00	

REC
KANSAS CORPORATION

NOV 26 2008

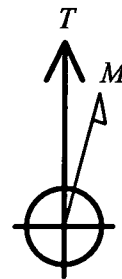
CONSERVATION DIVISION
WICHITA, KS



Scientific Drilling

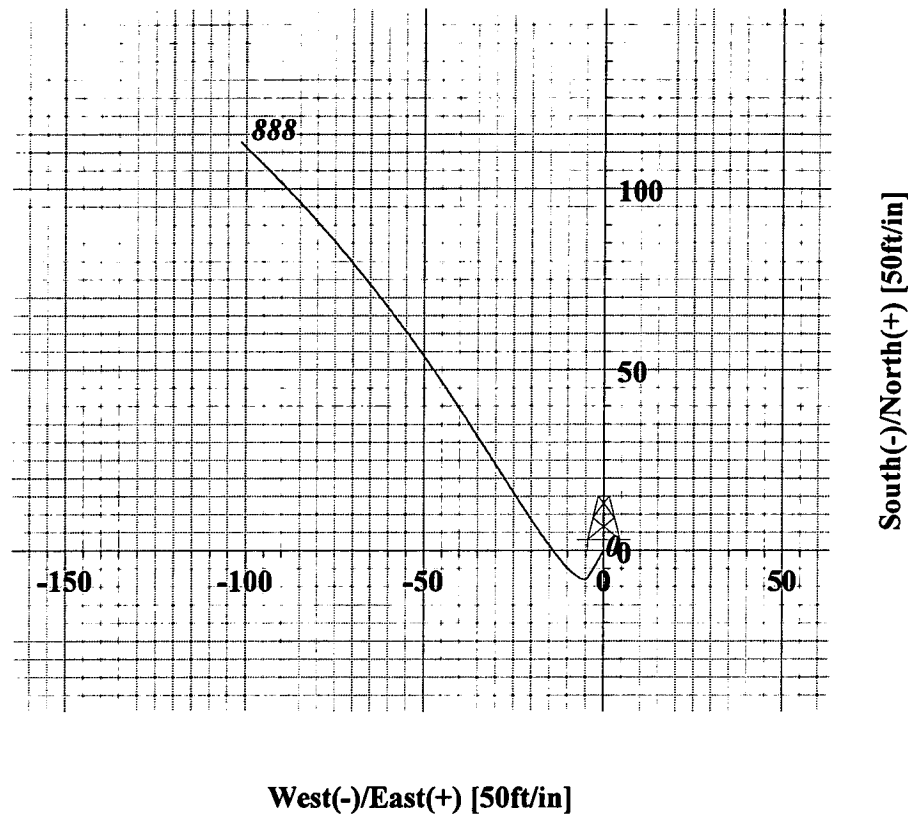
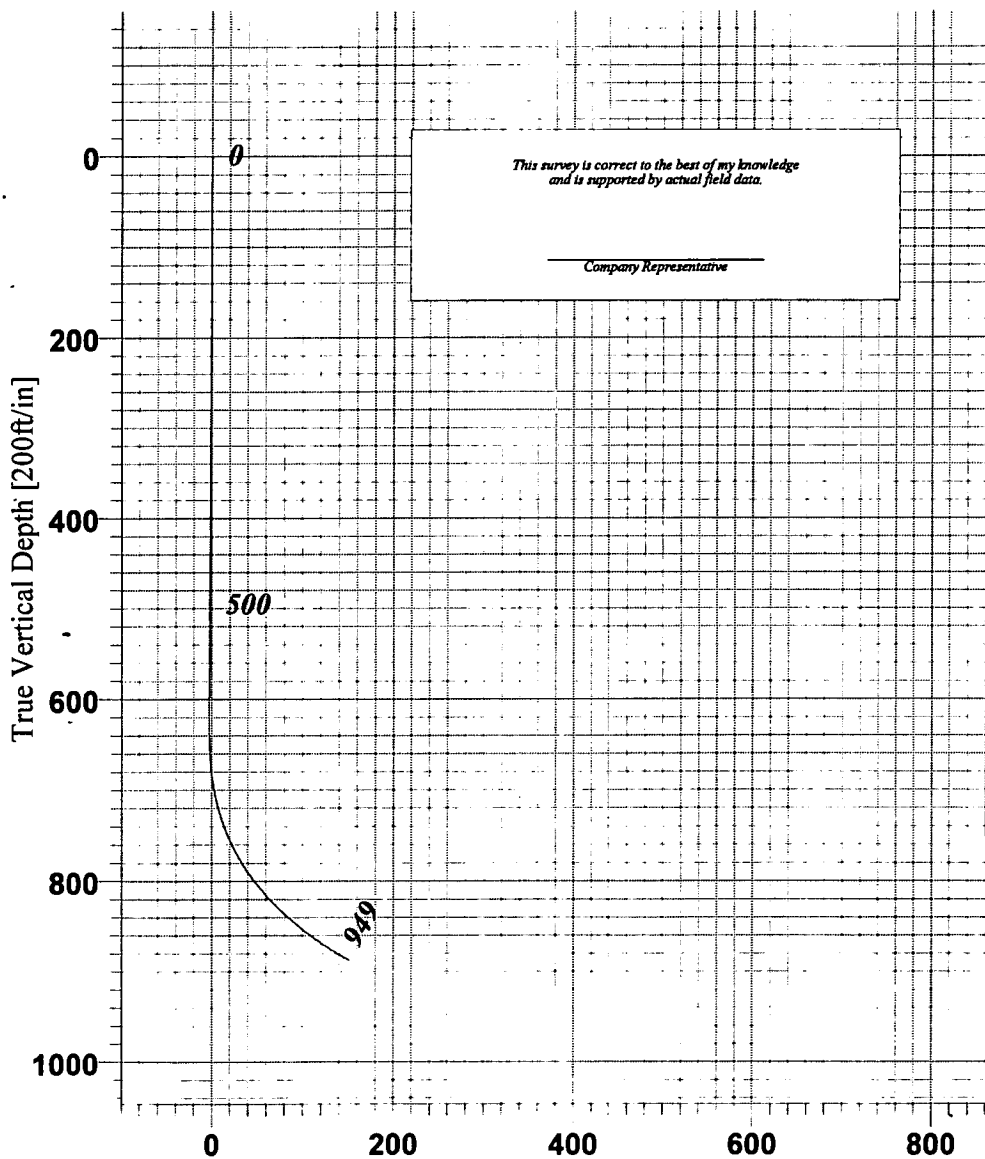
Constellation Energy Partners

Field: Montgomery County, KS
Site: Sec 31 - 32S - 17E
Well: Knisley 31-3
Wellpath: Original Wellpath
Survey: Survey #1



Azimuths to True North
Magnetic North: 3.48°

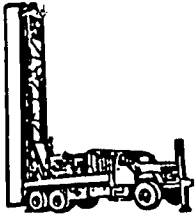
Magnetic Field
Strength: 52518nT
Dip Angle: 65.81°
Date: 4/29/2008
Model: igrf2005



Bottom Hole Location from Surface
887.8' TVD 112.9' North & 101.7' West

Bottom Hole Vertical Section
949' MD 151.9 feet @ 318 Azimuth

Vertical Section at 318.00° [200ft/in]



PENSE BROS. DRILLING CO., INC.

6184

654 W. 138th Street, - P.O. Box 760

Glenpool, OK 74033

Phone: 918-322-3095

FAX: 918-322-3829

PAID
AUG 25 2008
By _____

Date August 15, 2008

CEP Mid-Continent

P.O. Box 970

Skiatook, OK 74070

MAIL TO DATE
AUG 29 2008
ACCOUNTING

RECEIVED
KANSAS CORPORATION COMMISSION
NOV 26 2008
CONSERVATION DIVISION
WICHITA, KS

Account #	Property	Amount	A/E	SV
1927202	150180	12000.00	44081346	8/08
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

VENDOR # 10897

NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Knisley
Well #31-3
Montgomery County, KS

4	Hours rigtime @ \$500.00/hr. (drilling)	8-14-08	\$ 2,000.00
20	Hours rigtime @ \$500.00/hr. (drilling)	8-15-08	10,000.00
	Amount Due		\$12,000.00

TERMS: NET 10 DAYS. AFTER 30 DAYS A FINANCE CHARGE OF 1 1/2% PER MONTH, WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% IS CHARGED ON ALL PAST DUE ACCOUNTS.

Ju 10/18/27
AS

REMIT TO:
Pense Bros. Drilling
P.O. Box 760
Glenpool, OK 74033

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 31-3
 Date: 08-14-08 Interval From: _____ To: _____
 Day of the Week: THU - Fri
 Customer/Operator: C E P
 Location/State: KS County: MONTGOMERY

Start AM _____ Finish AM 8:00
 Time 8:00 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>Jerry Stanton</u>	Driller <u>Jacobo Guerrero</u>	Booster # _____	Compressor # _____
Helper <u>Alvaro Racedes</u>	Helper <u>Jose NOVILLA</u>	Compressor # _____	Other <u>283</u>
Helper <u>Pablo VAZQUEZ</u>	Other _____	Other <u>284</u>	Other _____

Hammer:	Hammer Bit:	Tri-cone Bit:
Make _____	Make _____	Make <u>H.C.</u>
Size _____	Model _____	Model <u>Stx-30</u>
SN _____	Choke _____	IADC# <u>537</u>
	SN _____	<u>5123791</u>

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 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.

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

Toolpusher Jerry Stanton Helper PABLO VAZQUEZ
 Driller Jacobo Guerrero Helper Jose NOVILLA
 Helper Alvaro Racedes 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	10 Gal corrosion in MC-120 4 Gal poly mch		
7-8			
8-9	Safety meetings unload tools		
9-10	wait for scriber tools		
10-11	w.o.c		
11-12	pick up tools		
12-1	scriber tools up rig up		
1-2	trip in		
2-3	star the pump 2:00 Drilling @ 3/4	645	900
3-4	Drilling @ 3/4	685	900
4-5	u u u u	808	900
5-6	u u u u	887	900
6-7	u u u u	940	900
7-8	u u u u (Stop 949 enable trip out		

Mid

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 31-3
 Date: 08-15-08 Interval From: _____ To: _____
 Day of the Week: FRI
 Customer/Operator: CEP
 Location/State: KS County: Montgomery

Start Time 8:00 AM PM
 Finish Time _____ AM 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:

Toolpusher Jim Casselman
 Driller José Pedraza
 Helper Miguel Flores
 Helper Rodolfo Gomez
 Helper Mike Zaricor
 Other _____

EQUIPMENT

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

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 _____
 Driller José Pedraza Helper _____
 Helper _____ Contractor _____

RECEIVED
 KANSAS CONSERVATION COMMISSION
 NOV 26 2008
 CONSERVATION DIVISION
 WICHITA, KS

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, Tripout		
9-10	lay down scientific tools, load tools, Rig down		
10-11	pick up tools and hoses, wash tank		
11-12	load equipment		
12-1	moving equipment		
1-2	" "		
2-3	" "		
3-4	" "		
4-5	" "		
5-6	" "		
6-7	Rig up		
7-8	moving equipment		

Noon



Scientific Drilling

Scientific Drilling International, Inc.

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

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

INVOICE

130034

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

SEP 08 2008

348200

8/31/2008

Page: 1

Location of Shipped To: PENSE 24 MONTGOMERY CO, KS
Well Name and No: KNISLEY 31-3

Invoice Number: 129673
Job No: 34H0808664

HORZ DRILLING PKG
STAND-BY
COMPUTER SVCS
INSTRUMENTATION BATTERY
MOTOR INSPECTION
FLOAT SALE
SATELLITE SVCS
WILSON #409

ACCOUNTING
SEP 10 2008
MAIL TO
DATE

\$8,700.00	1.00	\$8,700.00
\$5,250.00	1.00	\$5,250.00
\$500.00	1.00	\$500.00
\$600.00	3.00	\$1,800.00
\$850.00	1.00	\$850.00
\$650.00	1.00	\$650.00
\$150.00	2.00	\$300.00
\$937.50	1.00	\$937.50

Account #	Property	Amount	AFE	SV
1927204	150180	18987.50	446813468	08
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

VENDOR # 10939
NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 26 2008

CONSERVATION DIVISION
WICHITA, KS

Reviewed by JW

Approved by PS

Approved by _____

Date Paid _____

Check No. _____

Subtotal	\$18,987.50
Misc	\$0.00
Tax	\$0.00
Credits	\$0.00
Total	\$18,987.50

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

260

WORK ORDER _____

PAGE 1 OF 1

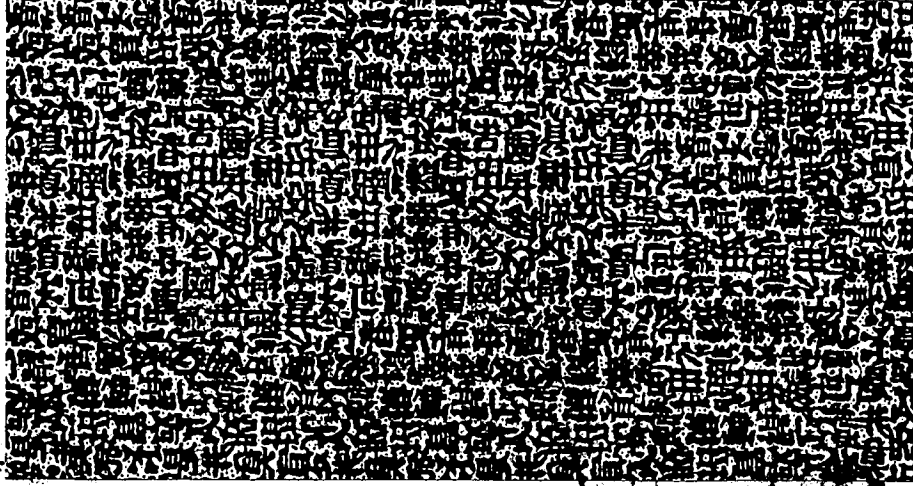
123013

CUSTOMER NAME & BILLING ADDRESS:		SDI CUSTOMER :	CUSTOMER P.O. / A/E
Amvest-Constellation		130034	
P.O. Box 970		JOB NUMBER	34H0808664
Skiatook, Oklahoma 74070		JOB START	14 Aug 08 TIME 2200
		JOB END	15 Aug 08 TIME 2400
CUSTOMER WELL NAME & NUMBER		RIG NAME AND NUMBER	THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE WHEREOF INCLUDING THOSE LISTING WARRANTIES. I CERTIFY THAT THE ABOVE SERVICES AND/OR EQUIPMENT HAVE BEEN RECEIVED IN SATISFACTORY MANNER. x <i>J. J. Hall</i> SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
Knisley 31-3		Ponse 24	
CITY	COUNTY	STATE	
Montgomery Co.,	KS		

ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		HORIZONTAL DRILLING PACKAGE*			8,700.00	1	DAY	8700. ⁰⁰
		<i>Includes 2 Supervisors, Living Expenses, Misc. Serv, Misc Downhole Motors, E-Field System w/Operators, E-I-H Coverage</i>						
		Stand By Charges			5,250.00	1	day	5250. 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	3	each bit	1800. ⁰⁰
		Motor Inspection			850.00	1	tool	850. ⁰⁰
		End Of Well Books (over 4)			100.00		each	
		Gamma Logs (Over 4)			50.00		each	
		Mileage: Man/Mile Round Trip			2.50		mile	
		Floats (Sale Item)			650.00	1	each	650. ⁰⁰
		Smart Motor Charge			2,500.00		day	
		Satelite Internet Service			150.00	2	day	300. ⁰⁰
		WILSON# 409						937.50

RECEIVED
KANSAS CORPORATION COMMISSION
NOV 26 2008
CONSERVATION DIVISION
WICHITA, KS

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



TAX CODE	SUB-TOTAL	18,050. ⁰⁰
	STATE SALES TAX	
	LOCAL SALES TAX	
	TOTAL INVOICE AMT.	18987.50
SDI FIELD REPRESENTATIVE <i>W. J. Harwood Jr</i>		
SDI DISTRICT MANAGER <i>Donald [Signature]</i>		
DIRECTIONAL COMPANY		

Wilson Hotshot
PO BOX 353
HOLLIS, OK 73550



HOTSHOT

Date 8/13/2008
Invoice # 409

Bill To
SCIENTIFIC DRILLING
401 S EAGLE LANE
OKLAHOMA CITY, OK 73128

Ship To
KNISLEY 31-3-PENSE RIG
KANSAS
P.U:SCIENTIFIC DRILLING
OKLAHOMA CITY, OK

Const. bid

P.O. #	Rep	AI	Ship Date	8/11/2008
Terms	Net 30	Ship Via	1	

Item	Qty	Description	Price	Amount
MILES	250	STRING TOOLS, SMART MOTOR	3.75	937.50

TICKET: 2108

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 26 2008

CONSERVATION DIVISION
WICHITA, KS

THANKS FOR YOUR BUSINESS

Wilson Hotshot
anita-wilson@hotmail.com

580-497-7670

Total	\$937.50
Payments/Credits	\$0.00
Balance Due	\$937.50



Scientific Drilling
International, Inc.

421 South Eagle Lane
Oklahoma City, OK 73128

DRILLING MOTOR RENTAL SUMMARY

No. _____

CUSTOMER CONSTELLATION

DATE 8-15-08

WELL NAME & NO. KNISLEY 31-3

SDI JOB NO. 3440808664

LOCATION BA MONTGOMERY Co., KS

SDI W.O. NO. 129673

RENTAL OF	TOOL NO.	DATE(S) RUN	DEPTH IN	DEPTH OUT	TOTAL HOURS IN HOLE	DRLG. AND CIRC. HOURS	CHARGES
<u>4 3/4 mud motor</u>	<u>4248</u>	<u>8-15</u>	<u>647</u>	<u>949</u>	<u>9.33</u>	<u>4.58</u>	

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 26 2008

CONSERVATION DIVISION
WICHITA, KS

DAILY BASE RENTAL	TOOL NO.	FROM (DATE)	TO (DATE)	TOTAL DAYS	@ \$	PER DAY	CHARGES

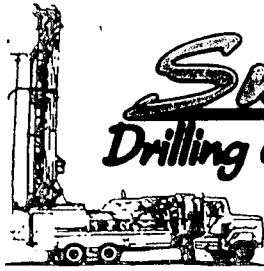
TOTAL RENTAL CHARGES

TYPE OF DRILLING FLUID _____

THIS IS NOT AN INVOICE

COMMENTS _____

SIGNED BY: _____ AUTHORIZED BY: _____
SDI REPRESENTATIVE CUSTOMER REPRESENTATIVE



Smith
Drilling Company

Dewey,
OK

396871 West 1063 Way - Dewey, OK 74029
Home: 918-534-1020 - Mobile: 918-534-7707

5552

CONSTELLATION ENERGY
Montgomery County, KS

KNISELY LEASE
Well # 31-3

SEPTEMBER 12, 2008
Sec 31 Twp 32S Range 17E

0 - 374 Tag Cement

440 - 595 Hard at (440')

Stopped Drilling @ 595'

Set over 9/11/08 to 9/12/08

Moved in and set over hole & rigged up

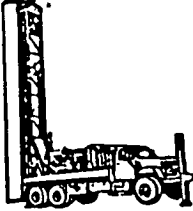
Drilled to 595' - cleaned hole - pulled pipe and moved off location.

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 26 2008

CONSERVATION DIVISION
WICHITA, KS

Terms Due Upon Receipt



PENSE BROS. DRILLING CO., INC.

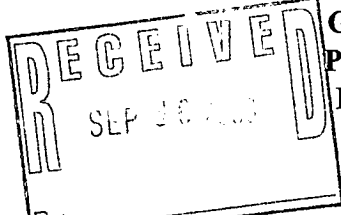
654 W. 138th Street, - P.O. Box 760

6236

Glenpool, OK 74033

Phone: 918-322-3095

FAX: 918-322-3829



Date September 19, 2008

By Mid-Continent

P.O. Box 970

Skiatook, OK 74070

Account #	Property	Amount	A/E	SV
11907202	150180	29850.50	44081346	9/08
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

VENDOR # 10897

NSE 988 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Knisley #31-3

17	Hours rigtime @ \$510.00/hr. (drilling)	9-17-08	\$ 8,670.00
24	Hours rigtime @ \$510.00/hr. (drilling)	9-18-08	12,240.00
8	Hours rigtime @ \$510.00/hr. (drilling)	9-19-08	4,080.00
	Fuel 9-18-08		<u>4,860.50</u>
		Amount Due	\$29,850.50

TERMS: NET 10 DAYS. AFTER 30 DAYS A FINANCE CHARGE OF 1 1/2% PER MONTH, WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% IS CHARGED ON ALL PAST DUE ACCOUNTS.

*Jul K...
PS*

SEND TO:
Pense Bros. Drilling
P.O. Box 760
Glenpool, OK 74033

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 26 2008

CONSERVATION DIVISION
WICHITA, KS

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# _____
 Date: 09-17-08 Interval From: _____ To: _____
 Day of the Week: WED
 Customer/Operator: CEP
 Location/State: OKs County: Montgomery

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

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

EMPLOYEE:
 Toolpusher Jim Casselman
 Driller José Pedraza
 Helper Miguel Flores
 Helper Rogelio Gomez
 Other _____
EQUIPMENT
 Booster # _____
 Compressor # _____
 Compressor # _____
 Other 283
 Other 284
 Other _____

Hammer: Make _____ Size _____ SN _____
Hammer Bit: Make _____ Model _____ Choke _____ SN _____
Tri-cone Bit: Make _____ Model _____ IADC# NOV 7 2008

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 Rogelio Gomez
 Driller José Pedraza Helper _____
 Helper Miguel Flores 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, moving equipment		
9-10	Moving equipment		
10-11	" "		
11-12	" "		
12-1	" "		
1-2	" "		
2-3	" "		
3-4	" " spot equipment		
4-5	" "		
5-6	" "		
6-7	" "		
7-8	" "		

P.O. Box 551

Fredericktown, MO 63645

Rig# 28 Well# 31-3 Knisley
 Date: 09-17-08 Interval From: To:
 Day of the Week: Wed - THU
 Customer/Operator: CEP
 Location/State: KS County: Montgomery

Start AM Finish AM
 Time 8:00 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:
 Toolpusher Jerry Stanton
 Driller Jacobo Guerrero
 Helper Allan Rosales
 Helper Pablo Vazquez
 Helper Jose A Novella
 Other _____

EQUIPMENT
 Booster # _____
 Compressor # _____
 Compressor # _____
 Other 283
 Other _____
 Other _____

Hammer: Hammer Bit: Tri-cone Bit: 6.750
 Make Make Make H.C
 Size Model Model Stx-30
 SN Choke IADC#
 SN S.N 5123791

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"/> SPPC-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.

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

Toolpusher Jerry Stanton Helper PABLO VAZQUEZ
 Driller Jacobo Guerrero Helper Jose A Novella
 Helper Allan Rosales Contractor _____

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

Name of injured Employee _____ Injured _____
 Emp. Signature _____

Description of incident _____

Time	Operation/Activity	Depth	Pressure
6-7	<u>1 1/2 Polymer</u>		
7-8			
8-9	<u>Safety meeting Spot equipment</u>		
9-10	<u>D.O.P. on rig up Hook up hoses and</u>		
10-11	<u>unload tools</u>		
11-12	<u>wait for tools</u>		
12-1	<u>pick up scientific tools</u>		
1-2	<u>seal off tools up rig up Tally pipe & trip in</u>		
2-3	<u>Bottom tool stop the pump 2:12 Drilling 67</u>		
3-4	<u>Drilling 6 3/4</u>	<u>608</u>	<u>700</u>
4-5	<u>" " "</u>	<u>635</u>	<u>700</u>
5-6	<u>" " "</u>	<u>666</u>	<u>7000</u>
6-7	<u>" " "</u>	<u>770</u>	<u>800</u>
7-8	<u>" " "</u>	<u>771</u>	<u>850</u>

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 31-3
 Date: 09-18-08 Interval From: _____ To: _____
 Day of the Week: THU
 Customer/Operator: CEP
 Location/State: KS County: Montgomery

Start Time 2:00 AM PM
 Finish Time 8:00 AM 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 Jim Casselman Booster # _____
 Driller José Pedraza Compressor # _____
 Helper Miguel Flores Compressor # _____
 Helper Rogelio Gomez Other 28.3
 Other _____ Other 28.3
 Other _____ Other _____

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

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

Safety Checklist (Employee initials) _____ (Employee initials) _____
 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 Rogelio Gomez
 Driller José Pedraza Helper _____
 Helper Miguel Flores 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	3 Gals Polymer		
7-8			
8-9	safety meeting, Drilling 7 3/4 6 3/4	859'	900
9-10	Drilling 6 3/4	915'	900
10-11	" "	965'	900
11-12	" "	1025'	900
12-1	" " curve TD 1065' circulate		
1-2	Tripout lay down scientific tools		
2-3	lay down scientific tools, Scientific tools Rig up		
3-4	Scientific tools rig up, Tripin		
4-5	Tripin, Bottom 4:15 pm start drilling 6 3/4	1114'	1000
5-6	Drilling 6 3/4	1195'	1000
6-7	" "	1276'	1000
7-8	" "	1380'	1000

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 31-3 Knisley

Date: 09-18-08 Interval From: To:

Start AM Finish AM Time 8:00 PM Time 8:00 PM

Day of the Week: Thu-Fri

Customer/Operator:

Noon to Midnight Midnight to Noon

Location/State: KS County:

EMPLOYEE:

EQUIPMENT

Toolpusher Jerry Stanton
Driller Jacobo Guassero
Helper Alonso Rosedes
Helper Pablo Vazquez
Helper Jose A Novella
Other

Booster #
Compressor #
Compressor #
Other 283
Other
Other

Hammer: Make Size SN

Hammer Bit: Make Model Choke SN

Tri-cone Bit: E 250 Make H.C Model SFX-30 IADC#

Intake Pressure:

Intermediate Pressure:

Discharge Pressure:

Safety Checklist (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.

Toolpusher or Driller signature:

All Employees must sign at the end of their shift (if they are not injured)

Statement: I confirm that I was not injured while on my shift.

Toolpusher Jerry Stanton Helper PABLO VAZQUEZ
Driller Jacobo Guassero Helper Jose A Novella
Helper Alonso Rosedes 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 4 columns: Time, Operation/Activity, Depth, Pressure. Includes entries like '2 Gal. Polymer', 'Safety meeting Drilling 6 314', 'TD 1770 circulate', 'Trip out', 'Lay Down Scientific tools', 'Tally casing run 3 1/2 casing', 'over making up Tally casing', 'run 4 1/2 casing pick up tools', 'pick up tools Lay rig Down'.

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

M

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 31-3
 Date: 09-19-08 Interval From: _____ To: _____
 Day of the Week: FRI
 Customer/Operator: _____
 Location/State: KS County: Montgomery

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

Surface
Pipe-Tally
1
2
3
4
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 #	_____
Driller	<u>José Pedraza</u>	Compressor #	_____
Helper	<u>Miguel Flores</u>	Compressor #	_____
Helper	<u>Rogelio Gomez</u>	Other	_____
Helper	_____	Other	_____
Other	_____	Other	_____

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

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

Safety Checklist		(Employee initials)	(Employee initials)
<input checked="" type="checkbox"/> Pre-shift safety meeting/discussion	_____	<input checked="" type="checkbox"/> Body harness	_____
<input checked="" type="checkbox"/> Engine oil levels	_____	<input checked="" type="checkbox"/> Fuel/Oil/Fluid Leaks	_____
<input checked="" type="checkbox"/> Coolant levels	_____	<input checked="" type="checkbox"/> Pipe Trailer Organized	_____
<input checked="" type="checkbox"/> Hydraulic fluid levels	_____	<input checked="" type="checkbox"/> Tools Organized	_____
<input checked="" type="checkbox"/> Hoisting chains/cables	_____	<input checked="" type="checkbox"/> Fire Extinguishers	_____
<input checked="" type="checkbox"/> Handrails	_____	<input checked="" type="checkbox"/> First Aid Kit	_____
<input checked="" type="checkbox"/> Winch Lines	_____	<input checked="" type="checkbox"/> Personal Safety Equipment	_____
<input checked="" type="checkbox"/> Pipe clamp/Clevises tight	_____	<input checked="" type="checkbox"/> MSDS-sheets	_____
<input checked="" type="checkbox"/> Pipe clamp sling	_____	<input checked="" type="checkbox"/> SPPC-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>Rogelio Gomez</u>
Driller <u>José Pedraza</u>	Helper _____
Helper <u>Miguel Flores</u>	Contractor _____

RECORDED
 KANSAS CORPORATION CO.
 NOV 26 2008
 WICHITA, KS

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	<u>safety meeting, pick up tools</u>		
9-10	<u>wash the tank</u>		
10-11	<u>" " "</u>		
11-12	<u>Moving equipment</u>		
12-1	<u>" "</u>		
1-2	<u>" "</u>		
2-3	<u>" " spot equipment</u>		
3-4	<u>" " " "</u>		
4-5	<u>" " " "</u>		
5-6	<u>" " " "</u>		
6-7	<u>" " wait for equipment</u>		
7-8	<u>" " " "</u>		



Scientific Drilling International, Inc.

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

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

INVOICE

130034

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

RECEIVED
SEP 26 2008

348473

9/24/2008

Page: 1

Customer Order No. _____
Location or Shipper To **PENSE** MONTGOMERY CO, KS
Well Name and No. **KNISLEY 31-3**

Work Order No. 129673A
34H0808664

ADD BILL WO#129673 INV#348200
QUICK LAY PIPE #30236

\$0.00	1.00	\$0.00
\$750.00	1.00	\$750.00

Account #	Property	Amount	A/E	SV
11927204	150180	750.00	44081346	9/08
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

RECEIVED
KANSAS CORPORATION

NOV 26 2008

CONSERVATION DIV
WRIGHT KS

VENDOR # 10939
NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Approved by JW 10/9/08

Approved by DS

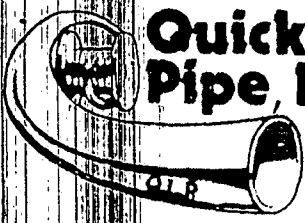
Approved by _____

Approved by _____

Approved by _____

Subtotal	\$750.00
Misc	\$0.00
Tax	\$0.00
Credits	\$0.00
Total	\$750.00

Terms from Document Date: Net 30



Quick-Lay Pipe, LLC

11432 HWY 71 SOUTH
FORT SMITH, ARKANSAS 72916

Ph# (479) 646-0882

Fax # (479) 646-8996

Invoice

Date	Invoice #
8/16/2008	30236

To
Scientific Drilling 4235 Eagle Lane Oklahoma City, OK 73128

Lease Name
<u>Knisley 31-3</u> Montgomery County, KS
648

Called in by	Terms	Rig
	Net 30	Constellation

Item Code	Description	Days / Hours	Qty	Price Each	Amount
	W/O 8/9/08 REL 8/16/08				
#T-26	Rental of #T-26 Mobile Office	Days	8	70.00	560.00
OK LABOR	Labor	Hours	10	75.00	750.00
	SUB TOTAL - NON TAXABLE				1,310.00
	Out-of-state sale, exempt from sales tax			0.00%	0.00

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 26 2008

CONSERVATION DIVISION
WICHITA, KS

Total	\$1,310.00
--------------	-----------------------

750.-



Scientific Drilling

Scientific Drilling International, Inc.

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

173013

WORK ORDER _____
PAGE 1 OF 1

CUSTOMER NAME & BILLING ADDRESS:		SDI CUSTOMER :	CUSTOMER P.O. / AFE
Amvest-Constellation		130034	JOB NUMBER 34H0808664
P.O. Box 970		JOB START <u>14 Aug 08</u> TIME <u>7:00</u>	
Skiatook, Oklahoma 74070		JOB END <u>15 Aug 08</u> TIME <u>4:00</u>	
CUSTOMER WELL NAME & NUMBER Knisley 31-3		RIG NAME AND NUMBER Pense <u>24</u>	THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE WHEREOF INCLUDING THOSE LIMITING WARRANTIES. I CERTIFY THAT THE ABOVE SERVICES AND/OR EQUIPMENT HAVE BEEN RECEIVED IN SATISFACTORY MANNER. X <u>[Signature]</u> SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
CITY	COUNTY	STATE	
Montgomery Co., KS		LEASE OR BLOCK	

ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		HORIZONTAL DRILLING PACKAGE*			8,700.00	1	DAY	8700.00
		<small>Includes 2 Supervisors, Living Expenses, Misc. Subs, MMDC Downhole Motors, E-Field System w/Operators, L-I-H Coverage</small>						
		Stand By Charges			5,250.00	1	day	5250.00
		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	3	each batt	1800.00
		Motor Inspection			850.00	1	tool	850.00
		End Of Well Books (over 4)			100.00		each	
		Gamma Logs (Over 4)			50.00		each	
		Mileage: Man/Mile Round Trip			2.50		mile	
		Floats (Sale Item)			650.00	1	each	650.00
		Smart Motor Charge			2,500.00		day	
		Satellite Internet Service			150.00	2	day	300.00
		MMDC # 4091						151.50

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

ACCT. CODE	OPERATOR	EMPL. #	DAYS	215 AMOUNT	216 OBP	TAX CODE	SUB-TOTAL
	pay hret	110112					18,050.00
	34-204-110-400-						STATE SALES TAX
	34-201-112-7200-						LOCAL SALES TAX
	34-204-110-6270-						TOTAL INVOICE AMT. 18987.50
	34-204-111-3210-						SDI FIELD REPRESENTATIVE
	34-204-165-300-						SDI DISTRICT MANAGER
	34-209-114-650-						DIRECTIONAL COMPANY
	34-111-137-						

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 26 2008

CONSERVATION DIVISION
WICHITA, KS

DISTRICT