

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4706
Name: Messenger Petroleum, Inc.
Address 1: 525 S. Main
Address 2: _____
City: Kingman State: KS Zip: 67068 + _____
Contact Person: Jon F. Messenger
Phone: (620) 532-5400
CONTRACTOR: License # 5142
Name: Sterling Drilling Co.
Wellsite Geologist: Jon F. Messenger
Purchaser: WWGG
Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover _____
_____ Oil _____ SWD _____ SIOW
 Gas _____ ENHR _____ SIGW
_____ CM (Coal Bed Methane) _____ Temp. Abd.
_____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
_____ Deepening _____ Re-perf. _____ Conv. to Enhr. _____ Conv. to SWD
_____ Plug Back: _____ Plug Back Total Depth _____
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
02-25-2008 03-05-2008 03-24-2008
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 095-22137-0000
Spot Description: 75' SW of C NW
_____ ^{75SW} C _____ NW Sec. 16 Twp. 29 S. R. 8 East West
1390 Feet from North / South Line of Section
1290 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kingman
Lease Name: Robinson Well #: C-2
Field Name: Belmont Center NW
Producing Formation: Mississippian
Elevation: Ground: 1660 Kelly Bushing: 1669
Total Depth: 4285 Plug Back Total Depth: 4232
Amount of Surface Pipe Set and Cemented at: 222 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 222
feet depth to: surface w/ 250

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 38000 ppm Fluid volume: 1800 bbls
Dewatering method used: settlement
Location of fluid disposal if hauled offsite: _____
Operator Name: Messenger Petroleum, Inc.
Lease Name: Nicholas License No.: 1
Quarter NE Sec. 20 Twp. 30 S. R. 8 East West
County: Kingman Docket No.: 27434

AIT-1-Dlg-11/17/09 ^{sx.cmt}

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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

Signature: [Signature]
Title: President Date: 11-10-2009

Subscribed and sworn to before me this 10th day of November,
20 09.
Notary Public: [Signature]
Date Commission Expires: October 11, 2011

NACONAA DICK
Notary Public - State of Kansas
My Appt. Expires 10/11/2011

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: Messenger Petroleum, Inc. Lease Name: Robinson Well #: C-2
 Sec. 16 Twp. 29 S. R. 8 East West County: Kingman

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: DIL/CNL/CDL/MEL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Heebner</td> <td>3250</td> <td>-1581</td> </tr> <tr> <td>Lansing</td> <td>3486</td> <td>-1817</td> </tr> <tr> <td>Swope</td> <td>3858</td> <td>-2189</td> </tr> <tr> <td>Hertha</td> <td>3892</td> <td>-2223</td> </tr> <tr> <td>Miss</td> <td>4164</td> <td>-2495</td> </tr> <tr> <td>RTD/LTD</td> <td>4285/4285</td> <td>-2616/-2616</td> </tr> </table>	Name	Top	Datum	Heebner	3250	-1581	Lansing	3486	-1817	Swope	3858	-2189	Hertha	3892	-2223	Miss	4164	-2495	RTD/LTD	4285/4285	-2616/-2616
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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	12-1/4"	8-5/8"	23	222	60/40 poz	250	2%gel,3%CC,1/2#CF
production	7-7/8"	5-1/2"	15.50	4280	ASC	100	5%CS,.3%FR,.25%DF
						.75%GB,5#gil	.3%FLA,10%Salt

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
4	4165-4171	500 gal MCA	

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TUBING RECORD: Size: <u>2-3/8</u> Set At: <u>4135</u> Packer At: <u>4135</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>06-09-2008</u>	Producing Method: <input checked="" 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 <u>240</u>
	Water Bbls. <u>420</u>	Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>4165-4171 Miss Chert</u>
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CEMENTING LOG

STAGE NO. 1

Date 3-5-08 District Medicine Lake Ticket No. 31046
 Company M. Slinger Petroleum Rig 5771197
 Lease Robin Son Well No. 16-2
 County Kingman State KS
 Location Zenda P.S., 7N, 4E, 14S, 5 into Field 16-295-RW

CASING DATA: PTA Squeeze
 Surface Intermediate Production Liner
 Size 5/8 Type _____ Weight 15.5 Collar _____

Casing Depths: Top K 3 + 3' Bottom 4,282.61

Drill Pipe: Size 4 1/2 Weight _____ Collars _____
 Open Hole: Size 7 7/8 TD: 4,285 ft. P.B. to _____ ft.

CAPACITY FACTORS:
 Casing: 5/8 Bbbs/Lin. ft. .0238 Lin. ft./Bbl. 42.0168
 Open Holes: Bbbs/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbbs/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: 7/8 Bbbs/Lin. ft. .0308 Lin. ft./Bbl. 32.4675
 Bbbs/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:
 Spacer Type W.M. Nelson
 Amt. 500 gal Sk's Yield _____ ft³/sk Density 8.33 PPG
500 gal mod clear - 5 bbl fresh

LEAD: Pump Time _____ hrs. Type 60:40:4 + 4% SMS
 Amt. 25 Sk's Yield 2.42 ft³/sk Density 11.7 PPG
 TAIL: Pump Time _____ hrs. Type ASE + 5% Mod-Sol
5% SF + 100% 7% Gas Block + Defoam

WATER: Lead 16.6 gals/sk Tail 7.23 gals/sk Total 27.09 Bbls.
 Amt. 100 Sk's Yield 1.57 ft³/sk Density 14.5 PPG

Pump Trucks Used 414 - Greig Co.
 Bulk Equip. 389 - Newton D. Michael N.

Float Equip: Manufacturer WATLIFORD
 Shoe: Type Wide Depth 4,282.61
 Float: Type API 5014 Depth 4,240.64
 Centralizers: Quantity 16 Plugs Top Rubber Btm. _____
 Stage Collars _____
 Special Equip. well on 561A Phos 75'
 Disp. Fluid Type 3% KCL Amt. 101 Bbls. Weight 8.33 PPG
 Mud Type WALIVE Weight _____ PPG

COMPANY REPRESENTATIVE John Messinger

CEMENTER Theresa S. Dvorak

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbbs Min	
4:30 AM						Flow out from pump, break circulation.
6:00 AM		250	5	BBL	5	5 BBL Fresh
		1	5	GAL	5	Pump for flush ← 500 GAL mod clear
			5	BBL	5	5 BBL Fresh
						Flow out from pump, break circulation.
		200	1078	BBL	5 1/2	Pump cementation 75 SF 60:40:4 + 4% SMS
		350	27.96	BBL	6 1/2	100 SF RSC + 5% Mod-Sol + 5% SF + 100% 7% Gas Block + Defoam
						STOP PUMPS
						WASH PUMP + LINES
						Release Plug
6:30 AM		150			6	START DS. Placement
	150	300	77	BBL	6	slow rate
	400	350	80	BBL	5	slow rate
	600	500	95	BBL	3	slow rate
7:02 AM	600	1300	101	BBL	3	Bump Plug - FLOAT well

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FINAL DISP. PRESS: 600 PSI BUMP PLUG TO 1,300 PSI BLEEDBACK 1/2 BBLs. THANK YOU

ALLIED CEMENTING CO., LLC. 31312

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge, KS.

DATE <u>2-25-08</u>	SEC <u>16</u>	TWP <u>29s</u>	RANGE <u>8w</u>	CALLED OUT <u>7:30 PM</u>	ON LOCATION <u>9:30 PM</u>	JOB START <u>11:00 AM</u>	JOB FINISH <u>11:30 PM</u>
LEASE <u>Robinson</u>		WELL # <u>C-2</u>	LOCATION <u>Zenda, Kansas North</u>		COUNTY <u>Kingman</u>	STATE <u>Kansas</u>	
OLD OR NEW (Circle one)			<u>to 70th East 1 1/4 South 9/8</u>				

CONTRACTOR Sterling #4

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 222'

CASING SIZE 8 7/8 x 23" DEPTH 222'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 250 MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 13 1/4 Bbls Freshwater

EQUIPMENT _____

OWNER Messenger Petroleum

CEMENT AMOUNT ORDERED
250 sx 60:40:2+3 1/2 cc + 1/2" Flo Seal

COMMON	<u>150 A</u>	@	<u>14.20</u>	<u>2130.00</u>
POZMIX	<u>100</u>	@	<u>7.20</u>	<u>720.00</u>
GEL	<u>4</u>	@	<u>18.75</u>	<u>75.00</u>
CHLORIDE	<u>8</u>	@	<u>52.45</u>	<u>419.60</u>
ASC		@		
		@		
	<u>F10 Seal 125"</u>	@	<u>2.25</u>	<u>281.25</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>267</u>	@	<u>2.15</u>	<u>574.05</u>
RELEASE	<u>35 x 267</u>	@	<u>2.09</u>	<u>841.05</u>
				TOTAL <u>5040.95</u>

PUMP TRUCK CEMENTER Carl Balding

343 HELPER Steve Kramer

BULK TRUCK _____

363 DRIVER Heath McMurray

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

Run 222' 8 7/8 casing
Break circulation
Mix 250 sx Cement
Release plug
Displace with 13 1/4 Bbls water
Leave 15' cement in pipe + shut in.
Circulate cement to surface
(20 sx)

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SERVICE

DEPTH OF JOB	<u>222'</u>		
PUMP TRUCK CHARGE			<u>917.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>35</u>	@	<u>7.00</u>
MANIFOLD		@	
<u>Head Rental</u>		@	<u>113.00</u>
		@	
TOTAL <u>1275.00</u>			

CHARGE TO: Messenger Petroleum

STREET _____

CITY _____ STATE _____ ZIP _____

8 5/8" PLUG & FLOAT EQUIPMENT

<u>1-TWP</u>	@	<u>68.00</u>	<u>68.00</u>
	@		
	@		
	@		
	@		
TOTAL <u>68.00</u>			

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____

TOTAL CHARGES ~~1275.00~~

DISCOUNT ~~1275.00~~ IF PAID IN 30 DAYS

PRINTED NAME Lanay S. Salogy

SIGNATURE Lanay S. Salogy

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING

