

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33783
 Name: Michael Drilling LLC
 Address 1: p.o. box 402
 Address 2: _____
 City: Iola State: Ks Zip: 66749 + _____
 Contact Person: Rick Michael
 Phone: (620) 496-7795
 CONTRACTOR: License # 33783
 Name: Michael Drilling LLC
 Wellsite Geologist: Rick Michael
 Purchaser: _____
 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.)

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FEB 05 2010
KCC WICHITA

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.: _____
11-24-08 11-25-08 11-25-08
 Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 001-29778-0000
 Spot Description: NE 1/4
e-2_w2_nw_ne Sec. 27 Twp. 24 S. R. 18 East West
4620 Feet from North / South Line of Section
2415 2145 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner: per Oper NR KCC
 NE NW SE SW
 County: Allen
 Lease Name: Michael Well #: M-1
 Field Name: Iola
 Producing Formation: Bartlevilles
 Elevation: Ground: _____ Kelly Bushing: _____
 Total Depth: 910 Plug Back Total Depth: 872
 Amount of Surface Pipe Set and Cemented at: 40 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: 40
 feet depth to: surface w/ 10 sx _____ sx cmt.

Drilling Fluid Management Plan Alt II NR 2-10-10
 (Data must be collected from the Reserve Pit)
 Chloride content: _____ ppm Fluid volume: _____ bbls
 Dewatering method used: _____
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

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

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

Signature: Rick Michael
 Title: owner Date: _____
 Subscribed and sworn to before me this 1 day of Feb.
 20 10.
 Notary Public: Linda L. Siggs
 Date Commission Expires 3/25/11
 My Appt. Expires _____

LINDA L. SIGGS
 Notary Public - State of Kansas

KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes No Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Michael Drilling LLC Lease Name: Michael Well #: M-1
 Sec. 27 Twp. 24 S. R. 18 East West County: Allen

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: E-Log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum soil 9 lime & shale 642 shale & sand 910
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12 1/4	8 5/8	24	40	portland	10 sx	
Production	6 3/4	2 7/8	6.5	872	portland	125	

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
open hole	872 -- 910	natural	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. 12-10-08		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.	Gas Mcf house	Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 872-910
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802 N. Industrial Rd.
P.O. Box 664
Iola, Kansas 66749
Phone: (620) 365-5588

Payless Concrete Products, Inc.



CONDITIONS
Concrete to be delivered to the nearest accessible point over passable road, under truck's own power. Due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damages in any manner to sidewalks, roadways, driveways, buildings, trees, shrubbery, etc., which are at customer's risk. The maximum allotted time for unloading trucks is 5 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water contents for strength or mix indicated. We do not assume responsibility for strength test when water is added at customer's request.
NOTICE TO OWNER
Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

SOLD TO:

CA001
CASH CUSTOMER

RECEIVED
FEB 05 2010
CCC WICHITA

SHIP TO:
MILL 726
RICK MICHAEL
BILL TO: P.O. BOX 402
DEL TO: PATTERSON RD 2ND HOUSE
WEST OF RENTAL STATION
IOLA, KS 66749

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% CAL	DRIVER/TRUCK	PLANT/TRANSACTION #
12:31:29p	WELL	6.25 yd	12.50 yd	0.00	BT 34	
DATE	LOAD #	YARDS DEL	BATCH #	WATER TRIM	SLUMP	TICKET NUMBER
11-26-08	1	6.25 yd	7529		4.00 in	22575

WARNING
IRRITATING TO THE SKIN AND EYES

Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water. If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE is a PERISHABLE COMMODITY and BECOMES the PROPERTY of the PURCHASER UPON LEAVING the PLANT. ANY CHANGES OR CANCELLATION of ORIGINAL INSTRUCTIONS MUST be TELEPHONED to the OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including reasonable attorneys' fees, incurred in collecting any sums owed.

All accounts not paid within 30 days of delivery will bear interest at the rate of 24% per annum.

Not Responsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.

A \$25 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks.

Excess Delay Time Charged @ \$50/HR.

PROPERTY DAMAGE RELEASE
(To be signed if delivery to be made inside curb line)

Dear Customer-The driver of this truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of his truck may possibly cause damage to the premises and/or adjacent property if it places the material in this load where you desire it. It is our wish to help you in every way that we can, but in order to do this the driver is requesting that you sign this RELEASE, releasing him and this supplier from any responsibility from any damage that may occur to the premises and/or adjacent property, buildings, sidewalks, driveways, curbs, etc., by the delivery of this material, and that you also agree to help him remove mud from the wheels of his vehicle so that he will not enter the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of this truck and this supplier for any and all damage to the premises and/or adjacent property which may be claimed by anyone to have arisen out of delivery of this order.

X

Excessive Water is Detrimental to Concrete Performance
H₂O Added By Request Authorized By

GAL X

WEIGHMASTER

NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.

LOAD RECEIVED BY:

X

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
6.25	WELL	WELL (10 SACKS PER UNIT)	69.00	431.25
1.00	TRUCKING	TRUCKING CHARGE	50.00	50.00

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED
1:25	1:22	1:20	1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER	6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER
LEFT PLANT	ARRIVED JOB	START UNLOADING		TIME DUE
12:54	1:00	1:01		
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME
1 HR				

SubTotal \$	481.25
Tax % 7.300	35.13
Total \$	516.38
Order \$	516.38
ADDITIONAL CHARGE 1	
ADDITIONAL CHARGE 2	
GRAND TOTAL	

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NOTICE TO OWNER: Failure of this contract to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

TTS Center Branch

RECEIVED
FEB 05 2008
KCC WICHITA

52735
1304 East 85th

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CA001
CASH CUSTOMER

MI11/26
RICK MICHAEL
BILL TO: P.O. BOX 402
DEL TO: PATTERSON RD 2ND HOUSE
WEST OF RENTAL STATION
IOLA, KS 66749

SHIP TO:

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% CAL	DRIVER/TRUCK	% AIR	PLANT/TRANSACTION #
12:44:28p	WELL	6.25 yd	12.50 yd	0.00	BT 34	0.00	
DATE	LOAD #	YARDS DEL	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER	
11-26-08	2	12.50 yd	7630		4.00 in	22576	

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SIGNED _____

X

Excessive Water is Detrimental to Concrete Performance
H₂O Added By Request/Authorized By

GAL X _____

WEIGHMASTER _____

NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.

LOAD RECEIVED BY: _____

X

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
6.25	WELL	WELL (10 SACKS PER UNIT)	12.50	69.00
				431.25



Handwritten notes:
✓ # 646
1/22/08
\$ 979 1/4

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED
			1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER 6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER	
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME

SubTotal \$ 431.25
Tax % 7.300 31.48
Total \$ 462.73
Order \$ 979.11

ADDITIONAL CHARGE 1 _____
ADDITIONAL CHARGE 2 _____

GRAND TOTAL ▶