

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 6009  
Name: Double Eagle Exploration, Inc.  
Address 1: 221 S. Broadway, #310  
Address 2: \_\_\_\_\_  
City: Wichita State: KS. Zip: 67202 + \_\_\_\_\_  
Contact Person: Jim Robinson  
Phone: ( 316 ) 264-0422  
CONTRACTOR: License # 34233  
Name: Maverick Drilling, LLC  
Wellsite Geologist: Roger Fisher  
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.)

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.: \_\_\_\_\_  
2-01-10      2-10-10      2-11-10  
Spud Date or      Date Reached TD      Completion Date or  
Recompletion Date           Recompletion Date

API No. 15 - 135-25012-0000  
Spot Description: NE/4  
\_\_\_\_\_ NW \_\_\_\_\_ NE \_\_\_\_\_ Sec. 7 Twp. 17 S. R. 25S  East  West  
330' Feet from  North /  South Line of Section  
2,310 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Ness  
Lease Name: Stutz G Well #: 3  
Field Name: Stutz North  
Producing Formation: None  
Elevation: Ground: 2524 Kelly Bushing: 2529  
Total Depth: 4576 Plug Back Total Depth: 0  
Amount of Surface Pipe Set and Cemented at: 263 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: \_\_\_\_\_  
feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan** Alt II NR  
(Data must be collected from the Reserve Pit) 2-22-10  
Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls  
Dewatering method used: Allow to dry and backfill  
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: Jim Robinson  
Title: Representative Date: 2-16-10  
Subscribed and sworn to before me this 16 day of FEBRUARY,  
2010.  
Notary Public: Glynn Bolte  
Date Commission Expires: 4-24-2011

**KCC Office Use ONLY**

Letter of Confidentiality Received  
 If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
\_\_\_\_\_ UIC Distribution

**RECEIVED**  
**FEB 18 2010**  
**KCC WICHITA**

Operator Name: Double Eagle Exploration, Inc. Lease Name: Stutz G Well #: 3  
 Sec. 7 Twp. 17 S. R. 25S  East  West County: Ness

**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 type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run: Dual Induction Dual Compensated Porosity Log Lithology Strip Log <u>MICRORESISTIVITY LOG</u>	<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>Anhydrite</td> <td>1874</td> <td>+655</td> </tr> <tr> <td>Base/Anh</td> <td>1904</td> <td>+625</td> </tr> <tr> <td>Heebner</td> <td>3820</td> <td>-1291</td> </tr> <tr> <td>Toronto</td> <td>3840</td> <td>-1311</td> </tr> <tr> <td>Lansing</td> <td>3858</td> <td>-1329</td> </tr> <tr> <td>Stark Shale</td> <td>4114</td> <td>-1585</td> </tr> <tr> <td>Hush Shale</td> <td>4158</td> <td>-1624(con't)</td> </tr> </table>	Name	Top	Datum	Anhydrite	1874	+655	Base/Anh	1904	+625	Heebner	3820	-1291	Toronto	3840	-1311	Lansing	3858	-1329	Stark Shale	4114	-1585	Hush Shale	4158	-1624(con't)
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Hush Shale	4158	-1624(con't)																							

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"	20#	263'	Common	175	2% gel 3% CC

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	4576	Common	280	60/40 POZ 4% Gel 1/4# Floseal per sack

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>

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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. _____		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. _____ 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: _____ _____
---	--	--

<b>BKC</b>	<b>4180</b>	<b>-1651</b>
<b>Ft. Scott</b>	<b>4376</b>	<b>-1847</b>
<b>Ck. Shale</b>	<b>4403</b>	<b>-1874</b>
<b>Mississippi</b>	<b>4483</b>	<b>-1954</b>
<b>Mississippi Dol</b>	<b>4494</b>	<b>-1965</b>

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**FEB 18 2010**  
**KCC WICHITA**



24 S. Lincoln Street  
 P.O. Box 31  
 Russell, KS 67665-2906  
 Voice: (785) 483-3887  
 Fax: (785) 483-5566

**COPY**

# INVOICE

Invoice Number: 121476  
 Invoice Date: Feb 2, 2010  
 Page: 1

**Bill To:**  
 Double Eagle Expl., Inc.  
 221 S. Broadway #310  
 Wichita, KS 67202

<b>Customer ID</b>	<b>Well Name# or Customer P.O.</b>	<b>Payment Terms</b>	
DoubE	Stutz G #3	Net 30 Days	
<b>Job Location</b>	<b>Camp Location</b>	<b>Service Date</b>	<b>Due Date</b>
KS1-01	Great Bend	Feb 2, 2010	3/4/10

Quantity	Item	Description	Unit Price	Amount
175.00	MAT	Class A Common	13.50	2,362.50
3.00	MAT	Gel	21.25	63.75
5.00	MAT	Chloride	51.50	257.50
175.00	SER	Handling	2.25	393.75
20.00	SER	Mileage 175 sx @ .10 per sk per mi	17.50	350.00
1.00	SER	Surface	991.00	991.00
20.00	SER	Pump Truck Mileage	7.00	140.00

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**FEB 18 2010**  
**KCC WICHITA**

ALL PRICES ARE NET, PAYABLE  
 30 DAYS FOLLOWING DATE OF  
 INVOICE. 1 1/2% CHARGED  
 THEREAFTER. IF ACCOUNT IS  
 CURRENT, TAKE DISCOUNT OF

\$ 1139.63

ONLY IF PAID ON OR BEFORE  
**Feb 27, 2010**

Subtotal	4,558.50
Sales Tax	142.24
Total Invoice Amount	4,700.74
Payment/Credit Applied	
<b>TOTAL</b>	<b>4,700.74</b>

# ALLIED CEMENTING CO., LLC. 036328

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

SERVICE POINT: Great Bend

DATE <u>2-2-10</u>	SEC. <u>7</u>	TWP. <u>17</u>	RANGE <u>25</u>	CALLED OUT	ON LOCATION	JOB START <u>5:15 AM</u>	JOB FINISH <u>5:45 AM</u>
LEASE <u>Stutz</u>		WELL # <u>G #3</u>		LOCATION <u>Arnold + Hwy 4 3 W to Rd</u>		COUNTY <u>Ness</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<u>H 65 to 230rd 25 to Ford S + E. to</u>			

CONTRACTOR Maurick Drilling Rig #1

TYPE OF JOB Surface Job

HOLE SIZE 12 1/4 T.D. 265

CASING SIZE F 5/8 DEPTH 265

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. 15'

PERFS. \_\_\_\_\_

DISPLACEMENT 15.92 bbl

**EQUIPMENT**

PUMP TRUCK CEMENTER Shane

# 181 HELPER Alvin

BULK TRUCK \_\_\_\_\_

# \_\_\_\_\_ DRIVER Wayne

BULK TRUCK \_\_\_\_\_

# \_\_\_\_\_ DRIVER \_\_\_\_\_

**REMARKS:**

Ran 6 sts 888. + Cardig St.

Est Circulation

Mixed 175 sts

Cement Circulated

CHARGE TO: Double Eagle

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Thanks!

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.

PRINTED NAME Bill Skeen

SIGNATURE Bill Skeen

OWNER \_\_\_\_\_

CEMENT AMOUNT ORDERED 175 Con 39CC 2961

COMMON <u>175</u>	@ <u>13.22</u>	<u>2362.50</u>
POZMIX _____	@ _____	_____
GEL <u>3</u>	@ <u>21.25</u>	<u>63.75</u>
CHLORIDE <u>5</u>	@ <u>51.50</u>	<u>257.50</u>
ASC _____	@ _____	_____
<b>RECEIVED</b>		
<b>FEB 18 2010</b>		
<b>KCC WICHITA</b>		
HANDLING <u>175</u>	@ <u>2.25</u>	<u>393.75</u>
MILEAGE <u>10/5K mi</u>		<u>350.00</u>
		<b>TOTAL <u>347.50</u></b>

**SERVICE**

DEPTH OF JOB _____		
PUMP TRUCK CHARGE _____		
EXTRA FOOTAGE _____	@ _____	<u>991.00</u>
MILEAGE <u>20</u>	@ <u>7.00</u>	<u>140.00</u>
MANIFOLD _____	@ _____	_____
		<b>TOTAL <u>1131.00</u></b>

**PLUG & FLOAT EQUIPMENT**

_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
		<b>TOTAL _____</b>

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES \_\_\_\_\_

DISCOUNT ~~\_\_\_\_\_~~ IF PAID IN 30 DAYS



# INVOICE

24 S. Lincoln Street  
P.O. Box 31  
Russell, KS 67665-2906

Invoice Number: 121558  
Invoice Date: Feb 11, 2010  
Page: 1

Voice: (785) 483-3887  
Fax: (785) 483-5566

<b>Bill To:</b>
Double Eagle Expl., Inc. 221 S. Broadway #310 Wichita, KS 67202

Customer ID	Well Name# or Customer P.O.	Payment Terms	
DoubE	Stutz G # 3	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Great Bend	Feb 11, 2010	3/13/10

Quantity	Item	Description	Unit Price	Amount
168.00	MAT	Class A Common	13.50	2,268.00
112.00	MAT	Pozmix	7.55	845.60
10.00	MAT	Gel	20.25	202.50
280.00	SER	Handling	2.25	630.00
20.00	SER	Mileage 280 sx @ .10 per sk per mi	28.00	560.00
1.00	SER	Rotary Plug	990.00	990.00
20.00	SER	Pump Truck Mileage	7.00	140.00
70.00	MAT	Flo Seal	2.45	171.50

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Subtotal	5,807.60
Sales Tax	307.80
Total Invoice Amount	6,115.40
Payment/Credit Applied	
<b>TOTAL</b>	<b>6,115.40</b>

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$ 1457.90

ONLY IF PAID ON OR BEFORE

Mar 8, 2010

# ALLIED CEMENTING CO., LLC. 036378

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

SERVICE POINT:  
Great Bend KS

DATE <u>2-11-10</u> <u>2-10-10</u>	SEC. <u>7</u>	TWP. <u>17S</u>	RANGE <u>25W</u>	CALLED OUT	ON LOCATION	JOB START <u>3:00 AM</u>	JOB FINISH <u>3:30 AM</u>
LEASE <u>Stutz G</u>		WELL # <u>3</u>		LOCATION <u>Around US 6 South</u>		COUNTY <u>Ness</u>	STATE <u>KS</u>
<input checked="" type="radio"/> OLD OR NEW (Circle one)				<u>1 west 1/2 South East 1/4 To</u>			

CONTRACTOR Maverick Rig 102 OWNER Double Eagle

TYPE OF JOB Rotary Plug  
 HOLE SIZE 7 1/4 T.D. 4576  
 CEMENT AMOUNT ORDERED 280 SX 60/40 70%  
Gel # flo seal

PRES. MAX _____ MINIMUM _____	COMMON <u>168</u> @ <u>13.50</u> <u>2,264.<sup>00</sup></u>
MEAS. LINE _____ SHOE JOINT _____	POZMIX <u>112</u> @ <u>7.55</u> <u>845.<sup>00</sup></u>
CEMENT LEFT IN CSG. _____	GEL <u>10</u> @ <u>20.25</u> <u>202.<sup>50</sup></u>

PERFS. \_\_\_\_\_  
 DISPLACEMENT 18 1/2 BBbs H 3/8 19 mud  
 EQUIPMENT \_\_\_\_\_  
 ASC \_\_\_\_\_ @ \_\_\_\_\_  
1/4 # flo seal 70 @ 2.45 171.<sup>50</sup>

PUMP TRUCK CEMENTER Wayne - D  
 # 181 HELPER Alvin - R  
 BULK TRUCK \_\_\_\_\_  
 # 344 DRIVER Ron  
 BULK TRUCK \_\_\_\_\_  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

CHLORIDE _____ @ _____	HANDLING <u>280</u> @ <u>2.25</u> <u>630.<sup>00</sup></u>
_____ @ _____	MILEAGE <u>280 x 20 x .10</u> <u>560.<sup>00</sup></u>
_____ @ _____	TOTAL <u>4,677.<sup>00</sup></u>

**REMARKS:**

1st plug 1920 mix 50SX Dis 5 BBbs  
water - 19 BBbs mud  
2nd plug 1140 mix 80SX Dis 9 1/2 BBbs  
3rd plug 570 mix 50SX Dis 3 BBbs  
4th plug 300 mix 50SX Dis 1 BBb  
5th plug 60 mix 50SX  
Rat mix 30SX  
wash up Rig Down

CHARGE TO: Double Eagle  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SERVICE**

DEPTH OF JOB <u>1920</u>	
PUMP TRUCK CHARGE _____	<u>990.<sup>00</sup></u>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>20</u> @ <u>7.00</u>	<u>140.<sup>00</sup></u>
MANIFOLD _____ @ _____	
_____ @ _____	

**RECEIVED**  
**FEB 18 2010**

TOTAL 1130.<sup>00</sup>

**KCC WICHITA**  
**PLUG & FLOAT EQUIPMENT**

To Allied Cementing Co., LLC.  
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PRINTED NAME Bill Skeen  
 SIGNATURE Bill Skeen

SALES TAX (If Any) _____	
TOTAL CHARGES <u>[scribble]</u>	
DISCOUNT _____	IF PAID IN 30 DAYS