

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32875
Name: CWB Co.
Address 1: PO Box 186
Address 2: _____
City: Hays State: KS Zip: 67601 + _____
Contact Person: Tom Denning
Phone: (785) 628-2593
CONTRACTOR: License # _____
Name: _____
Wellsite Geologist: _____
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: CWB Co.
Well Name: Wagner #2
Original Comp. Date: 07/12/07 Original Total Depth: 3600'
____ Deepening Re-perf. Conv. to Enhr. ____ Conv. to SWD
____ Plug Back: 3514' Plug Back Total Depth _____
____ Commingled Docket No.: _____
____ Dual Completion Docket No.: _____
____ Other (SWD or Enhr.?) Docket No.: _____

<u>03/01/10</u>	<u>03/01/10</u>	<u>03/05/10</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 051-237988-60-02
Spot Description: _____
____ NE ____ SW ____ NW Sec. 18 Twp. 14 S. R. 16 East West
3670' 3673 Feet from North / South Line of Section
4290' 4521 Feet from East / West Line of Section
GPS-KCC-DIG
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Ellis
Lease Name: Wagner Well #: 2
Field Name: Victoria West
Producing Formation: _____
Elevation: Ground: 1910' Kelly Bushing: 1915'
Total Depth: 3600' Plug Back Total Depth: 3514'
Amount of Surface Pipe Set and Cemented at: 1061' 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}
W0-DIG-3/17/10

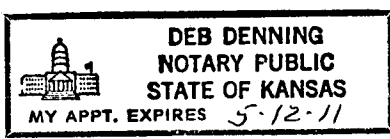
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ 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: [Signature]
Title: Agent Date: 03/09/2010
Subscribed and sworn to before me this 9th day of March
20 10
Notary Public: [Signature]
Date Commission Expires: 5-12-11

KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution



RECEIVED
MAR 15 2010
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Operator Name: CWB Co. Lease Name: Wagner Well #: 2
 Sec. 18 Twp. 14 S. R. 16 East West County: Ellis

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<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>1057'</td> <td>+858'</td> </tr> <tr> <td>Heebner</td> <td>3147'</td> <td>-1232'</td> </tr> <tr> <td>Lans/KC</td> <td>3193'</td> <td>-1278'</td> </tr> <tr> <td>Base KC</td> <td>3421'</td> <td>-1506'</td> </tr> <tr> <td>Arbuckle</td> <td>3468'</td> <td>-1553'</td> </tr> </table>	Name	Top	Datum	Anhydrite	1057'	+858'	Heebner	3147'	-1232'	Lans/KC	3193'	-1278'	Base KC	3421'	-1506'	Arbuckle	3468'	-1553'
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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		8 5/8"		1061'		400 sxs	
Production		5 1/2'		3596'		175 SXS	

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
2 spf	3220' & 3268' & 3250'-54' & 3367'-71'	500 gals 15% NE	
2 spf	3194'-96'		
2 spf	3168'-72'	2000 gals 15% NE (3 zones)	
2 spf	3118'-22'		

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>3200'</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>03/05/2010</u>		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: _____ _____
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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CASING MECHANICAL INTEGRITY TEST

DOCKET # E-25,949-000

Disposal Well Enhanced Recovery:
Repressuring
Flood
Tertiary

Date injection started
API #15-

6PS
3600'
446'

N/E SW NW, Sec 18, T 14 S, R 16 E
3630 Feet from South Section Line
4240 Feet from East Section Line
Lease Wagner
County Ellis

Well # KCC

MAR 04 2010

Operator: CWB-10
Name & Address: P.O. Box 186
Hays KS, 67601

Operator License # 32875
Contact Person C.W. Bowles
Phone 559-539-2505 785-628-2593

HAYS

Max. Auth. Injection Press. Psi; Max Inj. Rate bbl/d;
If Dual Completion - Injection above production Injection below production
Conductor Surface Production Liner Tubing
Size 8 7/8 5 1/2
Set at 1066 3586 w/ 753x5 3096
Cement Top 2 1/4 405x5 3580
Bottom 1066 3600
DV/Perf. TD (and plug back) 3600 TD (ASTD-35x) ft. depth
Packer type Baker AD-1 Setdown Size 2 7/8 x 5 1/2 Set at 3096
Zone of injection 3118 ft. to ft. 3154 Perf or open hole Perforations

Type MIT: Pressure: [checked] Radioactive Tracer Survey: [] Temperature Survey: []

F I E L D D A T A
Time: Start 0 Min. 15 Min. 30 Min.
Pressures: 320 330 340 Set up 1
Set up 2
Set up 3
Increase due to cold water
System Pres. during test
Annular Pres. during test
Fluid loss during test bbls.

Tested: Casing [] or Casing - Tubing Annulus [checked]

The bottom of the tested zone in shut in with A Packer

Test Date 3-3-2010 Using Hertel Tank Service Company's Equipment

The operator hereby certifies that the zone between 0 feet and 3096 feet

was the zone tested [Signature] Title

The results were Satisfactory [checked] Marginal [] Not Satisfactory []
DATE Agent: Patrick [Signature] Title: PIRT II Witness: YES [checked] NO []

PASSED

REMARKS: Treated water backside Shot new perforations.

[checked] KCC Origin. Conservation Div.: [] KDHE/T: [checked] Dist. Office Retest 2 years as per permit

[] Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N) [checked] 2010

PS Lat 38.83770 GPS Long 099.14808
3600 FNL 4463 FEL

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MAR 14 2010
KCC Form U-7
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