

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 7775
Name: WILTON PETROLEUM INC
Address 1: PO BOX 391
Address 2: 122 N MAIN
City: CANTON State: KS Zip: 67428 +
Contact Person: BERNHARD RUNDSTROM
Phone: (620) 628-4466
CONTRACTOR: License # 32970
Name: H-D OILFIELD SERVICE
Wellsite Geologist: FRANK MIZE
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., Completions, 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.: _____

11-6-09 _____ 11-15-09 _____
Spud Date or _____ Date Reached TD _____ Completion Date or _____
Recompletion Date _____ Recompletion Date _____

API No. 15 - 15-063-21809-0000
Spot Description: SE SW SW NE Sec. 23 Twp. 14 S. R. 28 East West
2750 Feet from North / South Line of Section
2290 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: GOVE
Lease Name: COBERLY Well #: 6
Field Name: MISSOURI FLATS

Producing Formation: LKC
Elevation: Ground: 2537 Kelly Bushing: 2545
Total Depth: 4264 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 235 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2044 Feet
If Alternate II completion, cement circulated from: 2044
feet depth to: SURFACE w/ 225 sx cmt.

Drilling Fluid Management Plan Alt II NR 3-25-10
(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: EVAPORATION

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: Vice Pres. Date: 3-18-10
Subscribed and sworn to before me this 18 day of March,
20 10.
Notary Public: Mary Jane Lauer
Date Commission Expires: 4-4-13

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

NOTARY PUBLIC - State of Kansas
MARY JANE LAUER
My Appt. Expires 4-4-13

MAR 19 2010
KCC WICHITA

Operator Name: WILTON PETROLEUM INC Lease Name: COBERLY Well #: 6
 Sec. 23 Twp. 14 S. R. 28 East West County: GOVE

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 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: COMPENSATED DENSITY NEUTRON DUEL INDUCTION	<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>LKC</td> <td>3700</td> <td></td> </tr> <tr> <td>BKC</td> <td>4006</td> <td></td> </tr> <tr> <td>FT. SCOTT</td> <td>4205</td> <td></td> </tr> </table>	Name	Top	Datum	LKC	3700		BKC	4006		FT. SCOTT	4205	
Name	Top	Datum											
LKC	3700												
BKC	4006												
FT. SCOTT	4205												

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	20	235	COMMON	150	3%CC 2% GEL
PRODUCTION		5 1/2	14	4262	COMMON	175	FLOCELE 44#

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input checked="" type="checkbox"/> Protect Casing	2044 SURFACE	SMD CEMENT	225	50# FLOCELE 10 SACKS BENTONITE GEL
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone	630 SURFACE	SMD CEMENT	140	CC 2 SACKS 25# FLOCELE

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	4230-32	200 GAL 15% ACID	
2	3974-78	750 GAL MCA	
	PLUG BACK	CIBP	3960
224 W MAIN	3923-27	750 GAL 15%	

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>3944</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>3-3-10</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbbs. <u>6</u>	Gas Mcf _____	Water Bbbs. <u>6</u> 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CHARGE TO: **WILTON PETROLEUM** RECEIVED
 ADDRESS: **MAR 19 2010**
 CITY, STATE, ZIP CODE: **KCC WICHITA**

TICKET
17187

PAGE 1 OF 2

SERVICE LOCATIONS
 1. **NESS CREEKS** WELL/PROJECT NO. **#6** LEASE **COBERLY** COUNTY/PARISH **GOVE** STATE **Ks** CITY **LOCATION** DATE **11-14-09** OWNER **SAME**
 2. TICKET TYPE SERVICE CONTRACTOR **VISION DRLLG.** RIG NAME/NO. **LOCATION** ORDER NO.
 3. SALES WELL TYPE **OIL** WELL CATEGORY **DEVELOPMENT** JOB PURPOSE **5 1/2" LONGSTRENG** WELL PERMIT NO. WELL LOCATION **GOVE, Ks-10s, 2E, 1S, 4E, 1W**
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 114	60		MT		5.00	300.00
578		1			PUMP CHARGE	1		JOB	4262	1400.00	1400.00
221		1			LIQUID KCL	2		Gal		25.00	50.00
281		1			MUD FLUSH	500		Gal		1.00	500.00
402		1			CENTRALIZERS	8		EA	5 1/2"	55.00	440.00
403		1			CEMENT BASKETS	1		EA		180.00	180.00
		1			PORT COLLAR - CUSTOMER PROVIDED	0		EA	2026		N/C
407		1			INSERT FLOAT SHOE W/AUTO FILL	1		EA		275.00	275.00
406		1			CATCH DOWN PLUG & BAFFLE	1		EA		225.00	225.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO PART OF WORK OR DELIVERY OF GOODS

SIGNED **11-14-09** TIME SIGNED **2200** P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				#1	3370.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	3647.32
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				sub total	7017.32
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	317.67
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			Gore 7.05%	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	7334.99

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 OPERATOR **WAYNE WILSON** APPROVAL

Thank You!



CHARGE TO: *Willton Petroleum*

ADDRESS:

CITY, STATE, ZIP CODE:

RECEIVED
MAY 1 2009

TICKET
No 16822

PAGE 1 OF 1

1. <i>Hays, Ks</i>	WELL/PROJECT NO. <i>#6</i>	LEASE <i>Ceborly</i>	COUNTY/PARISH <i>Gove</i>	STATE <i>Ks</i>	CITY	DATE <i>12-29-09</i>	OWNER <i>Some</i>
2. <i>Ness City, Ks</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>H-D Well Service</i>	RIG NAME/NO.	SHIPPED VIA <i>CH</i>	DELIVERED TO <i>Location</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Port Collar</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT.	DF							
<i>575</i>		<i>1</i>			<i>MILEAGE #111</i>	<i>60</i>	<i>mi</i>			<i>5.00</i>	<i>300.00</i>
<i>576D</i>		<i>1</i>			<i>Pump Charge (Port Collar)</i>	<i>1</i>	<i>ea</i>	<i>2044'</i>		<i>1100.00</i>	<i>1100.00</i>
<i>279</i>		<i>1</i>			<i>Bentonite Gel</i>	<i>10</i>	<i>skts</i>			<i>20.00</i>	<i>200.00</i>
<i>288</i>		<i>1</i>			<i>Sand 2% Brady</i>	<i>1</i>	<i>skts</i>			<i>22.00</i>	<i>22.00</i>
<i>290</i>		<i>1</i>			<i>D-Air</i>	<i>2</i>	<i>gal</i>			<i>35.00</i>	<i>70.00</i>
<i>330</i>		<i>2</i>			<i>SMD Cement</i>	<i>225</i>	<i>skts</i>			<i>14.00</i>	<i>3150.00</i>
<i>276</i>		<i>2</i>			<i>Flocele</i>	<i>50</i>	<i>#</i>			<i>1.50</i>	<i>75.00</i>
<i>300</i>											
<i>105</i>		<i>1</i>			<i>Port Collar Tool Rental w/man</i>	<i>1</i>	<i>ea</i>			<i>300.00</i>	<i>300.00</i>
<i>581</i>		<i>2</i>			<i>Cement Service Charge</i>	<i>225</i>	<i>skts</i>			<i>1.50</i>	<i>337.50</i>
<i>583</i>		<i>2</i>			<i>Drayage</i>	<i>660</i>	<i>TN</i>			<i>1.00</i>	<i>660.00</i>

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X

DATE SIGNED *12-29-09* TIME SIGNED *1445* AM P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	<i>6214.50</i>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				<i>Gove TAX 7.05%</i>	<i>269.10</i>
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	<i>6483.60</i>
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *Nick Korbe* APPROVAL

Thank You!



CHARGE TO: Wilton Petroleum
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
 No 16824

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>Hays, Ks.</u> 2. <u>Ness City, Ks.</u> 3. 4.	WELL/PROJECT NO. <u>#6</u>	LEASE <u>Coberly</u>	COUNTY/PARISH <u>Gove</u>	STATE <u>Ks</u>	CITY	DATE <u>12-30-09</u>	OWNER <u>Same</u>
	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>H-D Drlg</u>	RIG NAME/NO.	SHIPPED VIA <u>CLT</u>	DELIVERED TO <u>Location</u>	ORDER NO.	
	WELL TYPE <u>oi 1</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Shallow Squeeze</u>	WELL PERMIT NO.	WELL LOCATION		
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<u>575</u>		<u>1</u>			<u>MILEAGE #111</u>	<u>60</u>	<u>mi</u>			<u>5.00</u>	<u>300.00</u>
<u>577</u>		<u>1</u>			<u>Pump Charge (Shallow Squeeze)</u>	<u>1</u>	<u>yr</u>	<u>690</u>	<u>'</u>	<u>850.00</u>	<u>850.00</u>
<u>DAIR 290</u>		<u>1</u>			<u>D-Air</u>	<u>1</u>	<u>gal</u>			<u>35.00</u>	<u>35.00</u>
<u>325</u>		<u>2</u>			<u>Standard Cement</u>	<u>40</u>	<u>skts</u>			<u>11.00</u>	<u>440.00</u>
<u>330</u>		<u>2</u>			<u>SMD Cement</u>	<u>100</u>	<u>skts</u>			<u>14.00</u>	<u>1400.00</u>
<u>276</u>		<u>2</u>			<u>Floccle</u>	<u>25</u>	<u>#</u>			<u>1.50</u>	<u>37.50</u>
<u>278</u>		<u>2</u>			<u>Calcium Chloride</u>	<u>2</u>	<u>skts</u>			<u>35.00</u>	<u>70.00</u>
<u>581</u>		<u>2</u>			<u>Cement Service Charge</u>	<u>200</u>	<u>skts</u>			<u>1.50</u>	<u>300.00</u>
<u>583</u>		<u>2</u>			<u>Drayage</u>	<u>581.25</u>	<u>TMI</u>			<u>1.00</u>	<u>581.25</u>

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X
 DATE SIGNED 12-30-09 TIME SIGNED 1520 AM P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	<u>313.75</u>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					<u>4013.75</u>
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	<u>4153.52</u>

Gove TAX 7.05% 139.77

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR Mark Roche

APPROVAL

Thank You!