

Operator Name: BENJAMIN M. GILES Lease Name: RALSTON Well #: 5 OWWO
 Sec. 10 Twp. 26 S. R. 4 East West County: BUTLER

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: RADIOACTIVITY LOG SONIC BOND LOG	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum ARBUCKLE 2374 -1042 (CORRECTED)
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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
ORIG SURFACE		8 5/8"		105	CEMENTED	ORIGINALLY	
ORIG PRODUCTION	7 7/8"	4 1/2"		2360	CEMENTED	ORIGINALLY	
PRODUCTION LINER	3 7/8"	3 1/2"		2436	COMMON	100	

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 <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	205-205.5	60-40 POZ MIX	155	60-40 POZ MIX
	2436 UP TO 1718	COMMON	100	COMMON CEMENT

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	205 - 205.5	SQUEEZED 155 SAX, CIRCULATED TO SURFACE	205
	2404 - 2408		

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>2402</u> Packer At:		Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>03-17-10</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 Bbls. <u>12</u>	Gas Mcf _____ Water Bbls. <u>110</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: <u>2404 - 2408</u> RECEIVED <u>MAR 22 2010</u>
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COPELAND

Acid & Cement

POST OFFICE BOX 438
HAYSVILLE, KS 67060
(316) 524-1225
(316) 524-1027 FAX

Invoice

Page: 1

BURRTON, KS ♦ GREAT BEND, KS
(620) 463-5161 (620) 793-3366
FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C34291-IN

Roulsen

LEASE: ROULSTEN 5

BILL TO:
BEN GILES
MWM OIL CO., INC.
532 SOUTH MARKET
WICHITA, KS 67202

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
10/26/2009	C34291		10/21/2009		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	CEMENT PUMP CHARGE		0.00	600.00	600.00
155.00	SAX	60-40 POZ MIX		0.00	9.69	1,501.95
56.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	3.00	168.00
155.00	EA	BULK CHARGE		0.00	1.25	193.75
381.92	MI	BULK TRUCK - TON MILES		0.00	1.10	420.11
		<i>Cement 4 1/2 from 205-Surface</i>				
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP-B FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: 2,883.81 BUTCO Sales Tax: 31.80 Invoice Total: 2,915.61		
RECEIVED BY _____		NET 30 DAYS				

There will be a charge of 1.5% (18% annual rate) on all accounts over 30 days past due.

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service, Inc.
Gressel Oil Field Service, Inc. reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code

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MAR 22 2010

KCC WICHITA

Copeland

Acid & Cement

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C34441-IN

BILL TO:
BEN GILES
MWM OIL CO., INC.
532 SOUTH MARKET
WICHITA, KS 67202

LEASE: ROULSTON 5

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
02/15/2010	C34441		02/10/2010		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	CEMENT PUMP CHARGE LONGSTRING		0.00	1,500.00	1,500.00
100.00	SAX	COMMON CEMENT		0.00	11.25	1,125.00
55.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	3.00	165.00
3.50	HR	OPERATOR CHARGE		0.00	75.00	262.50
1.00	LB	FLOAT SHOE		0.00	285.00	285.00
1.00	LB	RUBBER PLUG		0.00	55.00	55.00
1.00	EA	4 1/2 SLIP COLLAR		0.00	120.00	120.00
1.00	EA	3 SLIP COLLAR		0.00	110.00	110.00
1.00	EA	MIN. BULK CHARGE		0.00	150.00	150.00
258.50	MI	BULK TRUCK - TON MILES		0.00	1.10	284.35
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP-B		Net Invoice: 4,056.85		
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		BUTCO Sales Tax: 105.60		
		NET 30 DAYS		Invoice Total: <u>4,162.45</u>		

*Cement 3 1/2
 Curing Fuel*

50%

There will be a charge of 1.5% (18% annual rate) on all accounts over 30 days past due **RECEIVED**

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MAR 27 2010

KCC WICHITA



FIELD ORDER N^o C 34441

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE Feb 10 20 10

IS AUTHORIZED BY: Ben Giles (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Ransom Well No. 5 Customer Order No. _____

Sec. Twp. Range _____ County Butler State Kc

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
4000	1	Pump Churn See long string		150.00
400	100 each	Class A Cap @ 11.25/each		1125.00
4101	55 miles	Two way mileage @ 3.00/mile		165.00
3005	2 1/2 Hr	Overlay of the min @ 75.00/hr		262.50
4305	3"	Fiberglass Shee.		285.00
4303	3"	Rubber ply		55.00
3101	4 1/2	Slip collar		120.00
3101	3"	Slip collar		110.00
4200	100 each	Bulk Charge @ 1.25		150.00
4201	258 1/2	Bulk Truck Miles @ 1.10/mile		284.35
		Process License Fee on _____ Gallons		4056.85
		TOTAL BILLING		5000.00

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Ray Ray

Station Ransom

Remarks _____

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KCC WICHITA
Well Owner, Operator or Agent

NET 30 DAYS