

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4175
 Name: Dvorachek, Harold A. dba Quest Development Co.
 Address 1: P.O. Box 413
 Address 2: _____
 City: Iola State: KS Zip: 66749 + _____
 Contact Person: Harold Dvorachek
 Phone: (620) 365-5862
 CONTRACTOR: License # 33900
 Name: Leis, Steven A.
 Wellsite Geologist: none
 Purchaser: High Sierra
 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.: _____

<u>11/05/2009</u>	<u>11/07/2009</u>	<u>12/07/09</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

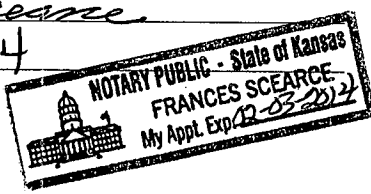
API No. 15 - 15-031-22497-00-00
 Spot Description: _____
SE NW SW NW Sec. 33 Twp. 22 S. R. 17 East West
1,815 Feet from North / South Line of Section
650 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Coffee
 Lease Name: Lehmann Well #: 5
 Field Name: Parmely
 Producing Formation: Squirrel
 Elevation: Ground: 1031 Kelly Bushing: _____
 Total Depth: 1025 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 1015 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: surface
 feet depth to: 1015 w/ 149 sx cmt.

Drilling Fluid Management Plan AH II NR 5-10-10
 (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: Harold Dvorachek
 Title: General Manager Date: 04-26-10
 Subscribed and sworn to before me this 26th day of April,
2010.
 Notary Public: Frances Scearce
 Date Commission Expires: 02-03-2014



KCC Office Use ONLY

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

RECEIVED
 KANSAS CORPORATION COMMISSION
 APR 28 2010
 CONSERVATION DIVISION
 WICHITA, KS

Operator Name: Dvorachek, Harold A. dba Quest Development Co. Lease Name: Lehmann Well #: 5
 Sec. 33 Twp. 22 S. R. 17 East West County: Coffee

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cherokee Shale	916'	+115
Electric Log Run (Submit Copy)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

List All E. Logs Run:

CASING RECORD <input type="checkbox"/> New <input checked="" 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 Casing	10"	7"	17	40	Portland	12	
Production String	5 7/8"	2 7/8"	7.7	1015	OWC	149	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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	20 shots 957' to 967'	acidized, 100 gal 15% HCl, frac. 300# 20/40 Brady, 3700# 12/20 Brady	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. 12/10/2009 Producing Method: Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls. <u>2</u>	Gas Mcf <u>trace</u>	Water Bbls. <u>60</u>	Gas-Oil Ratio	Gravity <u>26.5</u>
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	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: <u>957' to 967'</u>
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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Footage taken	Sample type
1_3	soil
3_12	grave
12_18	green shale, sand
18_125	shale
125_165	lime
165_183	shale
183_237	lime
237_335	shale
335_391	lime
391_421	broken
421_432	shale
432_539	lime
539_544	shale
544_561	lime
561_735	shale
735_762	lime
762_772	shale
772_774	lime
774_827	shale
827_835	lime
835_852	shale
852_855	lime
855_870	shale
870_878	lime
878_898	shale
898_903	lime
903_910	shale
910_912	lime
912_954	shale
954_955	cap rock
955_965	oil sand
965_967	badly broken, mostly shale
967_1025	shale
T.D.	1025

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WICHITA, KS

KWS, LLC

19245 Ford Road
Chanute, KS 66720
(620) 431-9212
Mobile (620) 431-8945

Quest Development
Harold Dvorachek
P.O. Box 413
Iola, KS 66749

Date	Invoice
11/7/2009	912-1275

Date: 11-7-09
Well Name: Lehmann #5
Section: 33
Township: 22
Range: 17
County: Coffey County
API:
PO#

CEMENT TREATMENT REPORT

TYPE OF TREATMENT: Production Casing
HOLE SIZE: 6 1/4"
TOTAL DEPT: 1015
WIRE LINE READING BEFORE:
WIRE LINE READING AFTER:

- Landed Plug on Bottom at 500 PSI
- Shut in Pressure
- Lost Circulation
- Good Cement Returns
- Topped off well with _____ Sacks
- Set Float Shoe - Shut In

Service or Product	Quantity	Per Foot Pricing/Unit Pricing	Amount
Cement and run 2 7/8"	1,010	2.85	2,878.50
Overtime	1	412.50	412.50

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WICHITA, KS

Hooked onto 2 7/8" casing. Established circulation with 6 barrels of water, 4 GEL, 1 METSO, COTTONSEED ahead, blended 149 sacks of OWC cement, dropped rubber plug, and pumped 5 barrels of water.

Subtotal	\$3,291.00
Sales Tax (5.3%)	\$0.00
Balance Due	\$3,291.00

THE NEW KLEIN LUMBER COMPANY
 241 W. MADISON
 P.O. BOX 885
 IOLA, KS 66749
 PHONE: (620) 345-2201

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK	DATE	TIME
25				CASH/CHECK/BANKCARD	JE	11/5/09	0:50

*** CASH ***	S H I P T O
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TERMS51

 * INVOICE *

TAX : 001 IOLAL IOLA

SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SLUG	UNITS	PRICE/PER	EXTENSION
12		EA	PC	PORTLAND CEMENT		12	0.99 /EA	107.88

** PAYMENT RECEIVED **	115.76	TAXABLE	107.88
** PAID IN FULL **		NON-TAXABLE	0.00
		SUBTOTAL	107.88
CHECK PAYMENT	115.76	TAX AMOUNT	7.00
CK# 2323 ARAM			

X
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