

# ORIGINAL

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1  
June 2009  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

OPERATOR: License # 34027  
Name: CEP Mid-Continent LLC  
Address 1: 15 West Sixth Street, Suite 1100  
Address 2: \_\_\_\_\_  
City: Tulsa State: OK Zip: 74119 + 5405  
Contact Person: Rodney Tate, D&C Engineer  
Phone: ( 918 ) 877-2912, ext. 306  
CONTRACTOR: License # 33832  
Name: Pense Bros. Drilling Co., Inc.  
Wellsite Geologist: Rodney Tate  
Purchaser: CEP Mid-Continent LLC

Designate Type of Completion:

- New Well     Re-Entry     Workover
- Oil     WSW     SWD     SIOW  
 Gas     D&A     ENHR     SIGW  
 OG     GSW     Temp. Abd.  
 CM (Coal Bed Methane)  
 Cathodic     Other (Core, Expl., etc.): \_\_\_\_\_ Vertical portion of a horizontal sidetrack

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  
 Conv. to GSW  
 Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled    Permit #: \_\_\_\_\_  
 Dual Completion    Permit #: \_\_\_\_\_  
 SWD    Permit #: \_\_\_\_\_  
 ENHR    Permit #: \_\_\_\_\_  
 GSW    Permit #: \_\_\_\_\_

05/15/10	05/16/10	05/17/10
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-31921-00-00 (VERTICAL PORTION ONLY)  
Spot Description: Well did not produce until Rvtn. sidetrack added 8/10  
SE\_NW\_NW\_SW Sec. 5 Twp. 33 S. R. 17  East  West  
2,070 Feet from  North /  South Line of Section  
732 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Montgomery  
Lease Name: KNISLEY Well #: 5-7  
Field Name: Cherokee Basin Coal Area  
Producing Formation: Riverton Coal  
Elevation: Ground: 789.5' GL Kelly Bushing: \_\_\_\_\_  
Total Depth: 1080' Plug Back Total Depth: 1059'  
Amount of Surface Pipe Set and Cemented at: 184.85 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 184.85'  
feet depth to: surface w/ 70 sx cmt.

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 #: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**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.

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AFFIDAVIT

I am the affiant and I hereby certify that 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: \_\_\_\_\_  
Title: Rodney Tate, D&C Engineer Date: 10/28/10

KCC Office Use ONLY

NOV 03 2010

- Letter of Confidentiality Received  
Date: \_\_\_\_\_ CONSERVATION DIVISION  
 Confidential Release Date: \_\_\_\_\_ WICHITA, KS  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: Dtg Date: 12/8/10

Operator Name: CEP Mid-Continent LLC Lease Name: KNISLEY Well #: 5-7  
 Sec. 5 Twp. 33 S. R. 17  East  West County: Montgomery

**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 complete copy of all Electric Wire-line 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run: <b>Epithermal Neutron Pel Density, Dual Induction Resistivity, GR, CBL, CCL, VDL</b>	<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:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Weir-Pittsburg Stray</td> <td>719'</td> <td>68'</td> </tr> <tr> <td>Weir-Pittsburg Coal</td> <td>744'</td> <td>43'</td> </tr> <tr> <td>Riverton Coal</td> <td>952'</td> <td>-165'</td> </tr> <tr> <td>Mississippi</td> <td>960'</td> <td>-173'</td> </tr> </table>	Name	Top	Datum	Weir-Pittsburg Stray	719'	68'	Weir-Pittsburg Coal	744'	43'	Riverton Coal	952'	-165'	Mississippi	960'	-173'
Name	Top	Datum														
Weir-Pittsburg Stray	719'	68'														
Weir-Pittsburg Coal	744'	43'														
Riverton Coal	952'	-165'														
Mississippi	960'	-173'														

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	12.75"	9.625"	26#	185'	OWC	70	80# Phenoseal, 150#gel
Production	8.75"	5.5"	15.5#	1059'	OWC/Class A	230	10# Kolsel, 5% salt, 4% gel, 4% Phenoseal

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 <i>(Amount and Kind of Material Used)</i>	Depth
4 spf	Riverton Coal	1,000 gal. 15% HCl acid, breakdown on water at 1300 psi	951-954'

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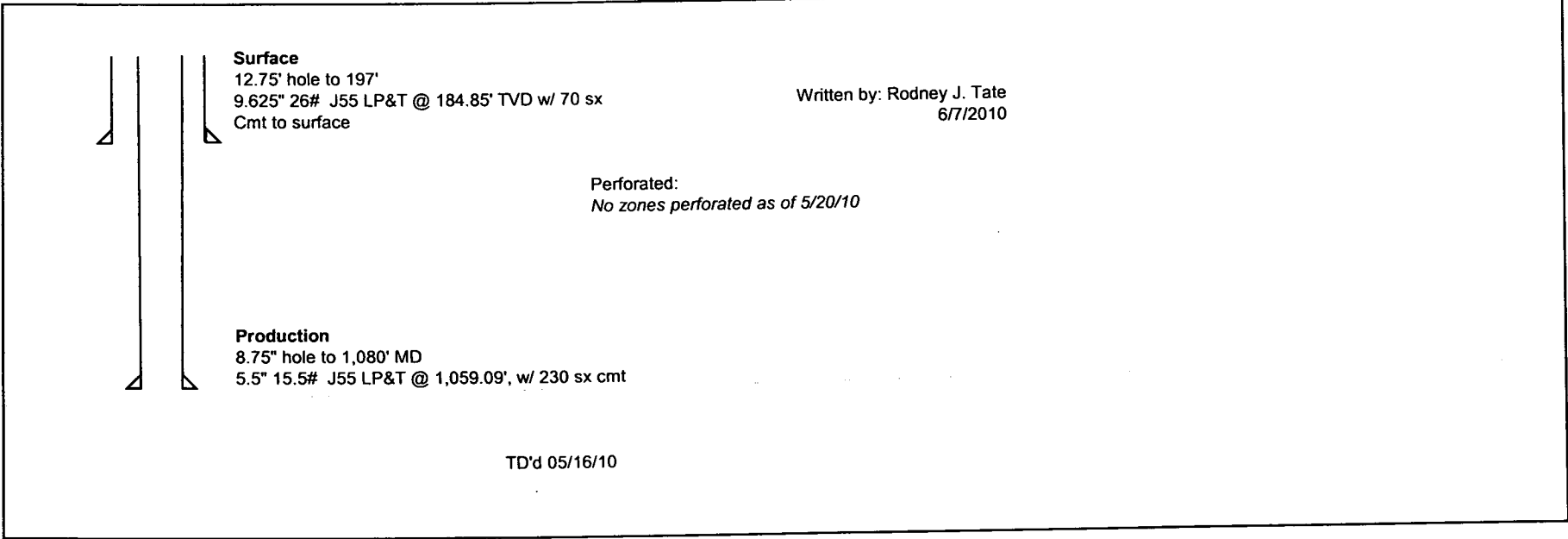
TUBING RECORD:	Size: 2-7/8"	Set At: 1,008'	Packer At: NA	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>CONSERVATION DIVISION WICHITA, KS</b>
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Date of First, Resumed Production, SWD or ENHR. 09/21/10 (no prod. until after Rvtn. sidetrack added)		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. 0	Gas Mcf 0	Water Bbls. 0	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**Actual Knisley 5-7 Wellbore Diagram**  
 Actual Surface Loc: SW/4 Sec 05 T33S – R17E – Kanmap Liberty  
 Actual Surface Loc: 2,070' FSL, 732' FWL, ELEV 789.5'

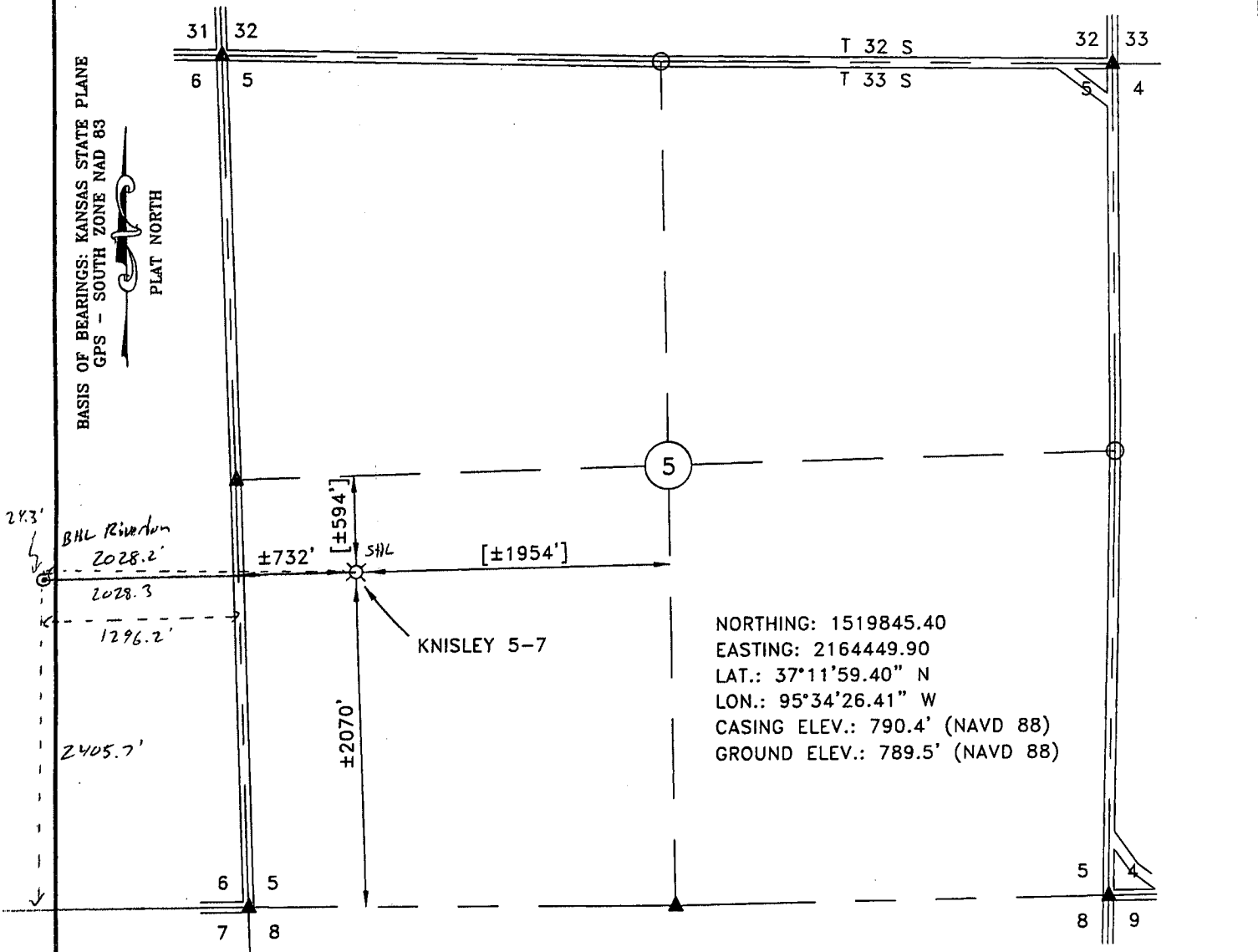
	Size	Wt	# jts.	Length	MD	TVD
Surface Casing	9.625	26	8	184.85	184.85	185
Production Casing	5.5	15.5	1	9.73	9.73	10
Production Casing	5.5	15.5	24	1,048.46	1,058.19	1,058
Float Shoe	5.5	15.5	1	0.90	1,059.09	1,059



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 WICHITA, KS

SURFACE HOLE LOCATION PLAT

NON-STANDARD, SECTION 5,  
T 33 S - R 17 E, 6TH P.M.,  
MONTGOMERY COUNTY, KANSAS



NORTHING: 1519845.40  
EASTING: 2164449.90  
LAT.: 37°11'59.40" N  
LON.: 95°34'26.41" W  
CASING ELEV.: 790.4' (NAVD 88)  
GROUND ELEV.: 789.5' (NAVD 88)

SCALE: 1"=1000' DATE SURVEYED: 5/26/10  
OPERATOR: CONSTELLATION ENERGY  
LEASE NAME: KNISLEY WELL NO.: 5-7  
TOPOGRAPHY & VEGETATION: EXISTING LOCATION

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WICHITA, KS

LEGEND

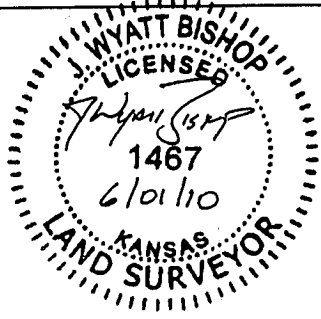
- = FOUND ORIGINAL GLO MONUMENT
- ▲ = FOUND OR SET, AND RECORDED MONUMENT
- = FOUND MONUMENT (UNKNOWN ORIGIN)
- = LOCAL OCCUPATION EVIDENCE

NOTE:

This map represents an existing well site and does not represent a true boundary survey. It has been created using monumentation shown hereon and local occupation but its accuracy is not guaranteed. Coordinates and elevations have been gathered utilizing RTK GPS equipment and has been post processed utilizing OPUS. Review this plat and notify Gateway Services Group, L.L.C. immediately of any possible discrepancy.

Distances shown in (parenthesis) are calculated based upon the Quarter Section being 2640 feet, those shown in [brackets] are based on GLO distances and have not been measured.

*J. Wyatt Bishop* 6/10/10  
J. WYATT BISHOP DATE  
KANSAS L.P.L.S. NO.: 1467



**Constellation NewEnergy**  
CONSTELLATION MID-CONTINENT L.L.C.  
15 WEST 6TH STREET, SUITE 1100  
TULSA, OK 74119

**Gateway Services Group**  
PO BOX 980, MEEKER, OK 74855  
Phone: 405-273-0954  
Fax: 405-273-0580  
C.A. NO.: LS-209  
EXP. DATE: 12-31-2010

WELL SITE SURVEY  
KNISLEY 5-7  
SECTION 5,  
T 33 S - R 17 E, 6TH P.M.,  
MONTGOMERY COUNTY, KANSAS

DRAWN BY: BAL	DATE: 5-28-10	SCALE: 1"=1000'	CH:JWB
DWG. No.: 10-0369-001	AFB#:		
REV.	DESCRIPTION	DWN.	DATE

Actual Riverdon BHL: RJT 8/23/10



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

MAIN OFFICE  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

*Surface*

INVOICE

Invoice # 234276

Invoice Date: 05/17/2010 Terms:

Page 1

CEP MID-CONTINENT LLC  
P.O. BOX 970  
SKIATOOK OK 74070  
(918) 396-0817

KNISLEY 5-7  
27516  
5-33-17  
05/15/10

**MAILED TO**  
MAY 24 2010  
ACCOUNTING

**RECEIVED**  
MAY 19 2010  
By

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	70.00	16.5000	1155.00
1107A	PHENOSEAL (M) 40# BAG)	80.00	1.1200	89.60
1118B	PREMIUM GEL / BENTONITE	150.00	.1700	25.50

Description	Hours	Unit Price	Total
419 CEMENT PUMP (SURFACE)	1.00	700.00	700.00
419 EQUIPMENT MILEAGE (ONE WAY)	10.00	3.55	35.50
419 CASING FOOTAGE	185.00	.20	37.00
551 MIN. BULK DELIVERY	1.00	350.00	350.00

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CONSERVATION DIVISION  
WICHITA, KS

Account # Property Amount AFE SV  
1927208 150191 2213.93 4410724 5/10

**IMMEDIATE**

VENDOR # 10046  
NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Reviewed by [Signature]  
Approved by [Signature]  
Approved by [Signature]  
Date Paid \_\_\_\_\_  
Check No. \_\_\_\_\_

Parts:	1270.10	Freight:	.00	Tax:	67.32	AR	2459.92
Labor:	.00	Misc:	.00	Total:	2459.92		
Sublt:	.00	Supplies:	.00	Change:	.00		

DISCOUNT 245.99

Signed \_\_\_\_\_

Date 2213.93

BARTLESVILLE, OK 918/338-0808

ELDORADO, KS 316/322-7022

EUREKA, KS 620/583-7664

GILLETTE, WY 307/686-4914

MCALESTER, OK 918/426-7667

OTTAWA, KS 785/242-4044

THAYER, KS 620/839-5269

WORLAND, WY 307/347-4577





**CONSOLIDATED**

Oil Well Services, LLC

**RECEIVED**  
MAY 20 2010

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

MAIN OFFICE  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676...  
FAX 620/431-0012

*Long String*

INVOICE

Invoice # 234292

Invoice Date: 05/18/2010 Terms:

Page 1

CEP MID-CONTINENT LLC  
P.O. BOX 970  
SKIATOOK OK 74070  
(918) 396-0817

**MAILED TO**  
MAY 24 2010  
ACCOUNTING

KNISLEY 5-7  
27512  
5-33-17  
05/17/10

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NOV 03 2010

CONSERVATION DIVISION  
WICHITA, KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	115.00	16.5000	1897.50
1104	CLASS "A" CEMENT	10810.00	.1500	1621.50
1107A	PHENOSEAL (M) 40# BAG	120.00	1.1200	134.40
1118B	PREMIUM GEL / BENTONITE	550.00	.1700	93.50
1110A	KOL SEAL (50# BAG)	1150.00	.4000	460.00
1111	GRANULATED SALT (50 #)	400.00	.3200	128.00
4406	5 1/2" RUBBER PLUG	1.00	60.0000	60.00

Description	Hours	Unit Price	Total
T-93 MIN. BULK DELIVERY	1.00	305.00	305.00
492 CEMENT PUMP	1.00	900.00	900.00
492 EQUIPMENT MILEAGE (ONE WAY)	50.00	3.55	177.50
492 CASING FOOTAGE	1039.00	.20	207.80

Account #	Property	Amount	AFE	SV
11927307	50191	5596.32	44101224	5/10

Reviewed by *[Signature]*

Approved by \_\_\_\_\_

Approved by \_\_\_\_\_

Date Paid \_\_\_\_\_

Check No. \_\_\_\_\_

**IMMEDIATE**

VENDOR # 10046

NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Parts:	4394.90	Freight:	.00	Tax:	232.93	AR	6218.13
Labor:	.00	Misc:	.00	Total:	6218.13		
Sublt:	.00	Supplies:	.00	Change:			

DISCOUNT 621.81

Signed \_\_\_\_\_ NET Date 559632



**CONSOLIDATED**  
Oil Well Services, LLC

# 234292

TIC NUMBER 27512  
LOCATION B-ville  
FOREMAN Jason Bell

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-17-10	3115	Knisely 5-7	5	335	17E	Man
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
C.E.P.			492	Tom		
MAILING ADDRESS			703 T93	Bayan		
CITY						
STATE						
ZIP CODE						

JOB TYPE LS HOLE SIZE 8 3/4 HOLE DEPTH 1080 CASING SIZE & WEIGHT 5 1/2 15.5#  
 CASING DEPTH 1039 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.3 14.5 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 25.2 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Ran 3 sks of gel established circulation. Ran 115 sks lead cement class A with 10# Kolseal 5% salt 4% gel and 4 pheno. And 115 tail of o.w.c. Shut down washed up behind plug. Dropped plug displaced plug to bottom. Released pressure plug held

- Cement circulated to surface -

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CONSERVATION DIVISION  
WICHITA, KS

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		900.00
5406	50	MILEAGE		177.50
5407	1	bulk truck		305.00
5402	1039	footage		207.80
1126	115	o.w.c.	*	1897.50
1104	10810*	Class A	*	1621.50
1107A	180*	Pheno	*	134.40
1118b	550*	gel	*	93.50
1110A	1150*	Kolseal	*	460.00
1111	400*	Salt	*	128.00
4406	1	5/2 Rubber Plug	*	60.00
<u>10% discount if paid in 30 days = 645.11</u>				
<u>\$ 5,596.32</u>				
			5.3%	SALES TAX
				ESTIMATED TOTAL
				232.98

Ravin 3737

AUTHORIZATION Teddy W. [Signature]

TITLE Drilling Foreman

DATE 5/18/13

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



**Survey Name:** Survey from Data Set 1 relative to true north

**Well Name:** Realtime: KNISLEY 5-7

**Date/Time:** 8/20/2010 8:16:04 PM Central Daylight Time

**Magnetic Decl.:** 3.20

**Grid Correction:** 0.00

**North Reference:** True

**Section (VS) Ref.:** 0.00N (ft), 0.00E (ft), 270.00Azim (deg)

**Calculation Method:** Minimum Curvature

MD	Incl	Azim	TVD	+N/-S	+E/-W	VS	DLS	Stat	Build	Turn
ft	deg	deg	ft	ft	ft	ft	deg/100ft		deg/100ft	deg/100ft
0.0	0.00	0.00	0.0	0.0	0.0	0.0	n/a	TieIn	n/a	n/a
150.0	0.40	239.32	150.0	-0.3	-0.5	0.5	0.27	1	0.27	-80.45
300.0	0.35	50.68	300.0	-0.2	-0.5	0.5	0.50	2	-0.03	114.24
450.0	0.18	158.98	450.0	-0.2	-0.1	0.1	0.29	3	-0.11	72.20
600.0	0.52	197.34	600.0	-1.0	-0.2	0.2	0.26	4	0.23	25.57
688.0	0.60	224.26	688.0	-1.8	-0.7	0.7	0.31	5	0.09	30.59
750.0	0.48	267.46	750.0	-2.0	-1.2	1.2	0.67	6	-0.19	69.68
845.0	14.35	291.61	844.0	2.3	-12.5	12.5	14.64	7	14.60	25.42
877.0	31.18	269.84	873.4	3.8	-24.6	24.6	58.01	8	52.62	-68.02
905.0	47.58	268.06	895.0	3.4	-42.3	42.3	58.67	9	58.54	-6.37
937.0	64.59	266.27	912.8	2.1	-68.7	68.7	53.38	10	53.18	-5.60
969.0	69.97	267.08	925.1	0.4	-98.2	98.2	16.97	11	16.80	2.54
1000.0	74.96	269.86	934.5	-0.4	-127.7	127.7	18.22	12	16.08	8.98
1032.0	78.46	271.20	941.8	-0.1	-158.9	158.9	11.67	13	10.94	4.17
1064.0	80.19	270.83	947.8	0.4	-190.3	190.3	5.53	14	5.41	-1.15
1095.0	80.70	271.40	952.9	1.0	-220.9	220.9	2.45	15	1.65	1.84
1127.0	84.95	272.01	956.9	2.0	-252.6	252.6	13.43	16	13.29	1.91
1158.0	85.89	272.16	959.4	3.1	-283.5	283.5	3.07	17	3.03	0.48
1190.0	86.30	272.68	961.5	4.4	-315.4	315.4	2.06	18	1.26	1.63
1222.0	84.81	272.60	964.0	5.9	-347.3	347.3	4.67	19	-4.66	-0.26
1253.0	85.60	272.51	966.6	7.3	-378.1	378.1	2.59	20	2.57	-0.28
1285.0	86.43	272.51	968.8	8.7	-410.0	410.0	2.59	21	2.59	0.00
1317.0	88.28	270.53	970.3	9.5	-442.0	442.0	8.46	22	5.79	-6.18
1348.0	90.30	270.33	970.7	9.8	-473.0	473.0	6.55	23	6.51	-0.65
1380.0	90.91	270.69	970.4	10.0	-504.9	504.9	2.21	24	1.91	1.12
1412.0	91.35	271.12	969.7	10.5	-536.9	536.9	1.91	25	1.37	1.34
1443.0	90.88	271.83	969.1	11.3	-567.9	567.9	2.77	26	-1.53	2.31
1475.0	91.65	271.69	968.4	12.3	-599.9	599.9	2.46	27	2.41	-0.45
1506.0	92.78	271.83	967.2	13.3	-630.9	630.9	3.66	28	3.63	0.46

1538.0	91.11	270.71	966.1	14.0	-662.8	662.8	6.27	29	-5.21	-3.50
1569.0	88.64	268.95	966.2	13.9	-693.8	693.8	9.78	30	-7.96	-5.67
1601.0	89.49	269.25	966.7	13.4	-725.8	725.8	2.82	31	2.66	0.93
1633.0	90.51	270.34	966.7	13.3	-757.8	757.8	4.65	32	3.16	3.41
1664.0	91.89	271.28	966.1	13.7	-788.8	788.8	5.40	33	4.48	3.02
1696.0	91.52	271.69	965.1	14.6	-820.8	820.8	1.75	34	-1.18	1.29
1728.0	89.46	268.97	964.8	14.7	-852.8	852.8	10.66	35	-6.44	-8.49
1759.0	90.14	268.84	965.0	14.1	-883.8	883.8	2.24	36	2.19	-0.45
1791.0	90.27	269.00	964.8	13.5	-915.8	915.8	0.66	37	0.42	0.50
1823.0	90.47	268.89	964.6	13.0	-947.8	947.8	0.71	38	0.63	-0.33
1855.0	90.48	268.79	964.4	12.3	-979.8	979.8	0.32	39	0.01	-0.32
1886.0	91.31	268.37	963.9	11.5	-1010.7	1010.7	3.02	40	2.70	-1.36
1918.0	89.83	268.19	963.6	10.6	-1042.7	1042.7	4.66	41	-4.63	-0.56
1949.0	89.13	267.71	963.9	9.5	-1073.7	1073.7	2.76	42	-2.28	-1.56
1981.0	89.46	268.42	964.2	8.4	-1105.7	1105.7	2.47	43	1.04	2.24
2012.0	90.40	269.97	964.3	8.0	-1136.7	1136.7	5.84	44	3.05	4.98
2044.0	90.98	270.78	963.9	8.2	-1168.7	1168.7	3.12	45	1.79	2.56
2075.0	90.91	270.87	963.4	8.6	-1199.7	1199.7	0.37	46	-0.23	0.29
2107.0	91.08	271.15	962.8	9.2	-1231.7	1231.7	1.01	47	0.54	0.85
2139.0	91.69	270.72	962.1	9.7	-1263.6	1263.6	2.32	48	1.90	-1.33
2170.0	92.41	270.90	961.0	10.1	-1294.6	1294.6	2.41	49	2.34	0.59
2202.0	91.89	269.58	959.8	10.3	-1326.6	1326.6	4.43	50	-1.62	-4.13
2233.0	90.61	268.11	959.1	9.7	-1357.6	1357.6	6.31	51	-4.15	-4.76
2265.0	90.51	267.58	958.8	8.4	-1389.6	1389.6	1.69	52	-0.32	-1.66
2296.0	90.74	267.55	958.4	7.1	-1420.5	1420.5	0.77	53	0.76	-0.09
2328.0	90.24	268.58	958.2	6.1	-1452.5	1452.5	3.57	54	-1.58	3.20
2360.0	88.65	269.12	958.5	5.4	-1484.5	1484.5	5.24	55	-4.96	1.70
2391.0	89.60	269.50	958.9	5.0	-1515.5	1515.5	3.30	56	3.05	1.24
2423.0	90.14	270.73	959.0	5.1	-1547.5	1547.5	4.20	57	1.69	3.85
2455.0	89.22	269.17	959.2	5.1	-1579.5	1579.5	5.67	58	-2.85	-4.90
2486.0	88.47	267.71	959.8	4.2	-1610.5	1610.5	5.27	59	-2.42	-4.68
2518.0	87.07	264.53	961.1	2.1	-1642.4	1642.4	10.87	60	-4.38	-9.96
2550.0	87.20	263.52	962.7	-1.3	-1674.2	1674.2	3.15	61	0.40	-3.13
2581.0	87.77	264.45	964.0	-4.5	-1704.9	1704.9	3.52	62	1.85	3.00
2613.0	88.39	265.01	965.1	-7.4	-1736.8	1736.8	2.58	63	1.91	1.73
2645.0	89.97	265.76	965.5	-10.0	-1768.7	1768.7	5.47	64	4.94	2.36
2676.0	90.84	265.39	965.3	-12.4	-1799.6	1799.6	3.06	65	2.82	-1.19
2708.0	88.96	266.35	965.4	-14.7	-1831.5	1831.5	6.59	66	-5.87	2.99
2739.0	88.69	266.98	966.0	-16.5	-1862.5	1862.5	2.22	67	-0.89	2.03

2771.0	87.72	267.44	967.0	-18.1	-1894.4	1894.4	3.34	68	-3.02	1.44
2802.0	87.82	267.49	968.2	-19.4	-1925.3	1925.3	0.35	69	0.31	0.17
2834.0	88.27	267.58	969.3	-20.8	-1957.3	1957.3	1.45	70	1.42	0.28
2863.0	88.27	267.09	970.2	-22.2	-1986.2	1986.2	1.70	71	-0.01	-1.70
2905.0	88.27	267.09	971.5	-24.3	-2028.2	2028.2	0.00	72	-0.00	0.00

P.O. BOX 13  
DEWEY, OK 74029

STEVE HARTER  
918-534-2107

SALES CONTRACT AND FIELD WORK ORDER

Job No. <u>5674</u>	Charge To: <u>CEP mid-continent, LLC</u>	Customer Order No.
Date <u>8-12-10</u>	Address	Nearest Town
Operator <u>Gray zeb</u>	City and State	Field <u>Liberty</u>
Riggers <u>SE NW NW SW</u>	Mail Invoices To:	Lease and Well No. <u>Knisley #5-7</u>
<u>2048' FSL &amp; 4678 FEL</u>	Address	County <u>Montgomery</u>
Legal Description-Sec. <u>S 335 17E</u>	City and State	State <u>Kansas</u>

**RECEIVED**  
AUG 13 2010

- In consideration of service work to be performed, the undersigned hereby agrees to the following general terms and conditions of services:
- (1) All accounts are to be paid within the terms fixed by Green Country Wireline, Inc. invoices; past due accounts are subject to a service charge of 1 1/2 % per month. An account is past due when not settled by the first day of the second month, following the month of purchase. In addition, costs and reasonable attorney's fees for collection may be charged.
  - (2) Because of the uncertain conditions and hazards existing in a well which are beyond the control of Green Country Wireline, Inc., it is understood by the customer that Green Country Wireline, Inc. cannot guarantee the results of their services and will not be held responsible for personal or property damage in the performance of their services.
  - (3) Should any Green Country Wireline, Inc. instruments or equipment be lost or damaged in the performance of the operations requested, the customer agrees to make every reasonable effort to recover same, and to reimburse Green Country Wireline, Inc. for the value of the items which cannot be recovered, or the cost of repairing damage to items recovered, and to notify proper authorities immediately.
  - (4) It is further understood and agreed that all depth measurements shall be supervised by the customer of its employees.
  - (5) The customer certifies that it has the full right and authority to order such work on such well and that the well in which the work is to be done by Green Country Wireline, Inc. is in proper and suitable condition for the performances of said work.
  - (6) The customer agrees to pay any and all taxes, fees and charges placed on services rendered by Green Country Wireline, Inc. by government requirements including city, state and federal taxes and fees or reimburse Green Country Wireline, Inc. for such taxes and fees paid to said agencies.
  - (7) No employee is authorized to alter the terms or conditions of this agreement.

*Reviewed*  
*Approved*  
*Date*  
**Check No.**

DATE 8-12-10 CUSTOMER CEP BY Steve Harter PRINT CORRECT NAME SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

WORK PERFORMED					PRICING	
Ran	<u>GR CBL CCL VDL</u>	log			Set up	\$ <u>400.00</u>
From	<u>79.04</u> ft. to <u>Surf.</u> ft.;	From			1st	Shots \$
From		ft. to			Next	Shots @ \$ ..... Ea. \$
Set		Bridge Plug at			Next	Shots @ \$ ..... Ea. \$
	(TYPE)				Next	Shots @ \$ ..... Ea. \$
Perforated with	as Follows:				LOGGING:	
					Depth Charge	.....ft. @ \$ .....ft. \$
					Logging Chg	.....ft. @ \$ .....ft. \$
Account #	Property	Amount	A/E	SV	BRIDGE PLUG:	
<u>1927327</u>	<u>150191</u>	<u>855.00</u>	<u>4101724</u>	<u>8/10</u>	Type	\$
					Setting Charge	\$
					Depth Charge	.....ft. @ \$ .....ft. \$
					Cement Bond Log	<u>GR</u> \$ <u>500.00</u>
					OTHER SERVICES	
					Total	
					\$ <u>900.00</u>	
ZERO	<u>GL</u>	CASING SIZE	<u>5.5"</u>	CASING WT.	CUSTOMER'S T.D.	<u>800</u>
OPEN HOLE RECORD					GCW T.D.	<u>45.00</u>
					FLUID LEVEL	<u>150.00</u>
					TYPE FLUID IN HOLE	<u>Water</u>

**MAILED TO**  
AUG 23 2010  
ACCOUNTING

**IMMEDIATE**

VENDOR # 10087  
NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

DISCOUNT 45.00

I certify that the above ordered services have been performed to my satisfaction, that all zones perforated were designated by me and all depth measurements checked and approved.  
Signed: Steve Harter  
Signature of Customer or Authorized Representative

P.O. BOX 13  
DEWEY, OK 74029

STEVE HARTER  
918-534-2107

SALES CONTRACT AND FIELD WORK ORDER

Job No. <b>604</b>	Charge To: <b>Cep Mid-continent, LLC.</b>	Customer Order No.
Date <b>8-6-10</b>	Address	Nearest Town
Operator <b>HANK, KENNY, ROD</b>	City and State	Field <b>LIBERTY</b>
Riggers <b>SE NW NW SW</b>	Mail Invoices To:	Lease and Well No. <b>KNISLEY # 5-7</b>
<b>2048' ESL + 4678' FEL</b>	Address	County <b>Montgomery</b>
Legal Description-Sec. <b>5 33S 17E</b>	City and State <b>By</b>	State <b>KANSAS</b>

**RECEIVED**

AUG 9 - 2010

- In consideration of service work to be performed, the undersigned hereby agrees to the following general terms and conditions of services:
- (1) All accounts are to be paid within the terms fixed by Green Country Wireline, Inc. invoices; past due accounts are subject to a service charge of 1 1/2 % per month. An account is past due when not settled by the first day of the second month, following the month of purchase. In addition, costs and reasonable attorney's fees for collection may be charged.
  - (2) Because of the uncertain conditions and hazards existing in a well which are beyond the control of Green Country Wireline, Inc., it is understood by the customer that Green Country Wireline, Inc. cannot guarantee the results of their services and will not be held responsible for personal or property damage in the performance of their services.
  - (3) Should any Green Country Wireline, Inc. instruments or equipment be lost or damaged in the performance of the operations requested, the customer agrees to make every reasonable effort to recover same, and to reimburse Green Country Wireline, Inc. for the value of the items which cannot be recovered, or the cost of repairing damage to items recovered, and to notify proper authorities immediately.
  - (4) It is further understood and agreed that all depth measurements shall be supervised by the customer or its employees.
  - (5) The customer certifies that it has the full right and authority to order such work on such well and that the well in which the work is to be done by Green Country Wireline, Inc. is in proper and suitable condition for the performances of said work.
  - (6) The customer agrees to pay any and all taxes, fees and charges placed on services rendered by Green Country Wireline, Inc. by government requirements including city, state and federal taxes and fees or reimburse Green Country Wireline, Inc. for such taxes and fees paid to said agencies.
  - (7) No employee is authorized to alter the terms or conditions of this agreement.

DATE **8-6-10** CUSTOMER **Cep Mid-continent, LLC.** Check No. \_\_\_\_\_  
 PRINT CORRECT NAME Signature of Customer or Authorized Representative

WORK PERFORMED	PRICING
Ran ..... log:	Set up \$ <b>400<sup>00</sup></b>
From ..... ft. to ..... ft.; From ..... ft. to ..... ft.	1st ..... Shots \$
From ..... ft. to ..... ft.; From ..... ft. to ..... ft.	Next ..... Shots @ \$ ..... Ea. \$
Set <b>5.5" WRBP</b> Bridge Plug at <b>824'</b> ft.	Next ..... Shots @ \$ ..... Ea. \$
(TYPE)	Next ..... Shots @ \$ ..... Ea. \$

LOGGING:

Depth Charge .....ft. @ \$ .....ft.	\$
Logging Chg .....ft. @ \$ .....ft.	\$
BRIDGE PLUG: Type <b>5.5" WRBP</b>	\$ <b>600<sup>00</sup></b>
Setting Charge	\$
Depth Charge .....ft. @ \$ .....ft.	\$
Cement Bond Log	\$

Account #	Property	Amount	AFE	SV
11927324	150191	1065.00	446.724	810
11927204	↓	1500.00	↓	↓

**IMMEDIATE**

VENDOR # **10087**  
 NSE 986 **CEP 976** MCOS 985 IMMEDIATE OVERNITE  
**STC 1**

OTHER SERVICES

Dump Bail SAND	200 <sup>00</sup>
Oriente Whipstock	1500 <sup>00</sup>

**TOTAL \$ 2700<sup>00</sup>**

ZERO <b>G.L.</b>	CASING SIZE <b>5.5"</b>	CASING WT.	CUSTOMER'S T.D. <b>1054'</b>	GCW T.D.	FLUID LEVEL <b>Full</b>
OPEN HOLE RECORD					TYPE FLUID IN HOLE <b>Water</b>

COMMENTS: **Top of WRBP @ 824'**

I certify that the above ordered services have been performed to my satisfaction, that all zones perforated were designated by me and all depth measurements checked and approved.  
 Signed: \_\_\_\_\_  
 Signature of Customer or Authorized Representative

P.O. BOX 13  
DEWEY, OK 74029

# GCW Green Country Wireline, Inc.

STEVE HARTER  
918-534-2107

SALES CONTRACT AND FIELD WORK ORDER

Job No. <u>603</u>	Charge To: <u>Cep Mid-continent LLC.</u>	Customer Order No.
Date <u>8-4-10</u>	Address	Nearest Town
Operator <u>HANK, KENNY, ROD</u>	City and State	Field <u>LIBERTY</u>
Riggers <u>SE NW NW SW</u>	Mail Invoices To:	Lease and Well No. <u>KNISKEY #5-7</u>
<u>2048' FSL + 4678' FEL</u>	Address	County <u>MONTGOMERY</u>
Legal Description-Sec. <u>5 33S 17E</u>	City and State	State <u>KANSAS</u>

**RECEIVED**  
 AUG 5 - 2010  
 BY \_\_\_\_\_

In consideration of service work to be performed, the undersigned hereby agrees to the following general terms and conditions of services:

- (1) All accounts are to be paid within the terms fixed by Green Country Wireline, Inc. invoices; past due accounts are subject to a service charge of 1 1/2 % per month. An account is past due when not settled by the first day of the second month, following the month of purchase. In addition, costs and reasonable attorney's fees for collection may be charged.
- (2) Because of the uncertain conditions and hazards existing in a well which are beyond the control of Green Country Wireline, Inc. it is understood by the customer that Green Country Wireline, Inc. cannot guarantee the results of their services and will not be held responsible for personal or property damage in the performance of their services.
- (3) Should any Green Country Wireline, Inc. instruments or equipment be lost or damaged in the performance of the operations requested, the customer agrees to make every reasonable effort to recover same, and to reimburse Green Country Wireline, Inc. for the value of the items which cannot be recovered, or the cost of repairing damage to items recovered, and to notify proper authorities immediately.
- (4) It is further understood and agreed that all depth measurements shall be supervised by the customer or its employees.
- (5) The customer certifies that it has the full right and authority to order such work on such well and that the well in which the work is to be done by Green Country Wireline, Inc. is in proper and suitable condition for the performances of said work.
- (6) The customer agrees to pay any and all taxes, fees and charges placed on services rendered by Green Country Wireline, Inc. by government requirements including city, state and federal taxes and fees or reimburse Green Country Wireline, Inc. for such taxes and fees paid to said agencies.
- (7) No employee is authorized to alter the terms or conditions of this agreement.

DATE 8-4-10 CUSTOMER Cep Mid-continent LLC Date Paid \_\_\_\_\_ BY \_\_\_\_\_  
PRINT CORRECT NAME Signature of Customer or Authorized Representative

WORK PERFORMED	PRICING
Ran ..... log:	Set up \$ 400 <sup>00</sup>
From ..... ft. to ..... ft.; From ..... ft. to ..... ft.	1st <u>10</u> Shots \$ 650 <sup>00</sup>
From ..... ft. to ..... ft.; From ..... ft. to ..... ft.	Next <u>2</u> Shots @ \$ <u>15<sup>00</sup></u> Ea. \$ 30 <sup>00</sup>
Set ..... Bridge Plug at ..... ft. (TYPE)	Next ..... Shots @ \$ ..... Ea. \$
Perforated with <u>3 1/8, 22.7g</u> as Follows:	LOGGING:
From <u>951</u> ft. to <u>954</u> ft., <u>12</u> Shots	Depth Charge .....ft. @ \$ .....ft. \$
	Logging Chg .....ft. @ \$ .....ft. \$
	BRIDGE PLUG:
	Type ..... \$
	Setting Charge ..... \$
	Depth Charge .....ft. @ \$ .....ft. \$
	Cement Bond Log ..... \$

Account #	Property	Amount	AFE	SV
<u>1927323</u>	<u>150191</u>	<u>1026.00</u>	<u>44101724</u>	<u>8/10</u>

**IMMEDIATE**

VENDOR # 10087  
 NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

ZERO <u>G.L.</u>	CASING SIZE <u>5.5'</u>	CASING WT.	CUSTOMER'S T.D. <u>1054'</u>	GCW T.D. <u>54.00</u>	FLUID LEVEL <u>FULL</u>
OPEN HOLE RECORD					TYPE FLUID IN HOLE <u>Water</u>

DISCOUNT \_\_\_\_\_

COMMENTS:

I certify that the above ordered services have been performed to my satisfaction in that zones perforated were designated by me and all depth measurements checked and approved.

Signed [Signature]  
Signature of Customer or Authorized Representative

~~Pressure Equipment 250<sup>00</sup>~~

**TOTAL \$1080<sup>00</sup>**

P.O. BOX 13  
DEWEY, OK 74029

# GCW Green Country Wireline, Inc.

STEVE HARTER  
918-534-2107

## SALES CONTRACT AND FIELD WORK ORDER

Job No. <u>5635</u>	Charge To: <u>CEP mid-continent LLC</u>	Customer Order No.
Date <u>6-3-10</u>	Address	Nearest Town
Operator <u>T. Gray Zeb</u>	City and State	Field <u>Liberty</u>
Riggers <u>2048 FSL + 4678 FEL</u>	Mail Invoices To:	Lease and Well No. <u>Knisley #S-7</u>
<u>SE NWNW SW</u>	Address	County <u>Montgomery</u>
Legal Description-Sec. <u>S 335 17E</u>	City and State	State <u>Kansas</u>

RECEIVED  
 JUN 4 2010

- In consideration of service work to be performed, the undersigned hereby agrees to the following general terms and conditions of services:
- (1) All accounts are to be paid within the terms fixed by Green Country Wireline, Inc. invoices; past due accounts are subject to a service charge of 1 1/2 % per month. An account is past due when not settled by the first day of the second month, following the month of purchase. In addition, costs and reasonable attorney's fees for collection may be charged.
  - (2) Because of the uncertain conditions and hazards existing in a well which are beyond the control of Green Country Wireline, Inc., it is understood by the customer that Green Country Wireline, Inc. cannot guarantee the results of their services and will not be held responsible for personal or property damage in the performance of their services.
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  - (4) It is further understood and agreed that all depth measurements shall be supervised by the customer or its employees.
  - (5) The customer certifies that it has the full right and authority to order such work on such well and that the well in which the work is to be done by Green Country Wireline, Inc. is in proper and suitable condition for the performances of said work.
  - (6) The customer agrees to pay any and all taxes, fees and charges placed on services rendered by Green Country Wireline, Inc. by government requirements including city, state and federal taxes and fees or reimburse Green Country Wireline, Inc. for such taxes and fees paid to said agencies.
  - (7) No employee is authorized to alter the terms or conditions of this agreement.

DATE 6-3-10 CUSTOMER CEP BY [Signature] Signature of Customer or Authorized Representative

WORK PERFORMED	PRICING
Ran <u>GR CBL CCL VDL</u> log:	Set up \$ <u>400<sup>00</sup></u>
From <u>1048</u> ft. to <u>Surf</u> ft.; From ..... ft. to ..... ft.	1st ..... Shots \$
From ..... ft. to ..... ft.; From ..... ft. to ..... ft.	Next ..... Shots @ \$ ..... Ea. \$
Set ..... Bridge Plug at ..... ft.	Next ..... Shots @ \$ ..... Ea. \$
(TYPE)	Next ..... Shots @ \$ ..... Ea. \$
Perforated with ..... as Follows:	LOGGING:
From ..... ft. to ..... ft. Shots	Depth Charge ..... ft. @ \$ ..... ft. \$
	Logging Chg ..... ft. @ \$ ..... ft. \$

RECEIVED  
 KANSAS CORPORATION COMMISSION

NOV 03 2010

CONSERVATION DIVISION  
WICHITA, KS

Account #	Property	Amount	AFE	SV
<u>11927327</u>	<u>150191</u>	<u>855.00</u>	<u>4461724</u>	<u>6/10</u>

IMMEDIATE

RIDGE PLUG:	Type ..... \$
Setting Charge	..... \$
Depth Charge	..... ft. @ \$ ..... ft. \$
Cement Bond Log	<u>GR</u> ..... \$ <u>500<sup>00</sup></u>

OTHER SERVICES	
Total	<u>900<sup>00</sup></u>

VENDOR # 10087  
 NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

ZERO <u>GL</u>	CASING SIZE " <u>5.5</u>	CASING WT.	CUSTOMER'S T.D. <u>1054 DISCOUNT</u>	GCW T.D. <u>15.00</u>	FLUID LEVEL <u>Full</u>
OPEN HOLE RECORD					TYPE FLUID IN HOLE <u>Water</u>

COMMENTS:

I certify that the above ordered services have been performed to my satisfaction and that all zones perforated were designated by me and all depth measurements checked and approved.

Signed: [Signature]  
 Signature of Customer or Authorized Representative

# gyrodata

Gyrodata Incorporated  
5113 South Eastern Ave  
Oklahoma City, OK 73129  
Office 405-677-0200  
Fax 405-677-0208

**RECEIVED INVOICE**  
AUG 16 2010  
By \_\_\_\_\_

Invoice: 4944  
Invoice Date: 8/9/2010  
Terms: Net 30 Days

Bill To: CEP LLC  
Attention: Accounts Payable  
P.O. Box 970  
Skiatook, OK 74070

Well Location: Lease: Knisley #5-7  
Field: Montgomery County, Kansas  
Rig: Workover Rig

Gyrodata Job # OK0810GOO481

Period Covered: August 6, 2010 to August 7, 2010

Gyro Whipstock Orientation Service:

Personnel Charge:

Subsistence Charge:

Transportation Charge: 400 miles @ \$2.00/mile

UBHO Sub-Rental:

TOTAL AMOUNT DUE

\$ 2,500.00  
\$ 750.00  
\$ 100.00  
\$ 800.00  
\$ 550.00  
\$ 4,700.00

**MAILED TO**  
AUG 23 2010  
ACCOUNTING

**DUE BY 9/8/2010**

Please Remit To: Gyrodata, Inc.  
P.O. Box 4247, Dept. 622  
Houston, Texas 77210-4247

\*\*\*\*Thank you for your business\*\*\*\*

Account #	Property	Amount	AFE	SV
1192204	150191	4700.00	44101224	8/10
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
VENDOR #	12453			

NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Reviewed by [Signature]  
Approved by \_\_\_\_\_  
Approved by \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Check No. \_\_\_\_\_





**JOB TICKET**

NO. GOO 4944

TO CEP LLC  
 ADDRESS P.O. Box 970  
 CITY Skiatook STATE OK ZIP 74070  
 LEASE Knisley #5 - 7  
 FIELD  
 COUNTY/ PARISH Montgomery County STATE/ COUNTRY KS/USA  
 RIG NAME/NO Workover Rig

POINT OF ORIGIN Oklahoma City, OK  
 DATE August 6, 2010  
 GYRODATA JOB No. OK0810GOO481  
 CUSTOMER AFE No.  
 CUSTOMER PAY CODE  
 API No.  
 JOB TYPE Gyro Whipstock  
 Orientation

Project Engineer Danny Phone No. 918-809-8240

Gyrodata, Inc. agrees that it shall furnish directional surveying services on the above identified well, and customer agrees to pay for said services / equipment in accordance with the provisions of Gyrodata's current price schedule and / or current rental prices for additional equipment furnished by others in connection herewith. Customer agrees and understands that the services performed and the equipment furnished in connection with the above identified well are subject to the terms and conditions set forth on the reverse side of the job ticket.

BY \_\_\_\_\_ BY Kevin Ragoss  
 Customer Authorized Representative Gyrodata Authorized Representative

PERIOD COVERED	From	To		UNIT COST	TOTAL
MINIMUM CHARGE	From 0	To 768	= 768 Feet	\$2,500.00	\$2,500.00
FOOTAGE CHARGE	From	To	= 0 Feet		\$ 0.00
ADD. STATIONS/RUNS	From	To	= <input type="checkbox"/> Runs <input type="checkbox"/> Recds		\$ 0.00
PERSONNEL CHARGES	From 8/6/10	To 8/6/10	= 1 Days	\$850.00	\$ 850.00
EQUIPMENT RENTAL	From	To	= Days		\$ 0.00
OFFSHORE BOX	From	To	= Days		\$ 0.00
HOT HOLE CHARGE (>250° F)					\$ 0.00
STEERING <input type="checkbox"/> Gyro <input type="checkbox"/> Magnetic	From	To	= Days		\$ 0.00
BATTERY CHARGE <input type="checkbox"/> Lithium <input checked="" type="checkbox"/> Alkaline			Qty		\$ 0.00
COMPUTER/REPORT CHARGE					\$ 0.00
MEALS/LODGING	From	To	= Days		\$ 0.00
WIRELINE SERVICE	From	To	= Days		\$ 0.00
SUB RENTAL GDS 052			10 Days	\$55.00	\$ 550.00
			Days		\$ 0.00
WIRELINE TRANS.			TOTAL MILES		\$ 0.00
PERSONNEL TRANS.			400 TOTAL MILES	\$2.00	\$ 800.00
OTHER CHARGES:					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00

	EST. TOTAL	\$4,700.00
<b>Field Estimate Only.</b>	LOCAL TAX	
Pricing as per agreement.	SALES TAX	
Thanks for using Gyrodata!	TOTAL INVOICE	

I certify that the above services and/or equipment have been received in a satisfactory manner.

Customer Representative

1682 W. Sam Houston Pkwy. N. • Houston, Texas 77043 • (713) 461-3146

[www.gyrodata.com](http://www.gyrodata.com)

Fld\_Apps



# Scientific Drilling Scientific Drilling International, Inc.

Remit to:  
P.O. Box 200195  
Houston, Texas 77216-0195

Corporate Headquarters  
1100 Rankin Road • Houston Texas 77073  
Tel: 281-443-3300 • Fax 281-443-3311

## INVOICE

205034

Subject to terms and conditions on reverse.

S CEP Mid-Continent, LLC  
 OT PO Box 970  
 L O Skiatook OK 70407  
 D

**RECEIVED**  
 OCT 11 2010  
 By

364318

9/30/2010

Page: 1

Customer Order No. MONTGOMERY CO., KS  
 Location or Shipped To PENSE 24  
 Well Name and No. KNISLEY 5-7

Work Order No. 142289B  
 Job No. 34H0810436B

	PRICE	QUANTITY	AMOUNT																									
ADD BILL W/O #142289 INV #363635	\$0.00	1.00	\$0.00																									
G. LAMPRECHT #2275	\$666.00	1.00	\$666.00																									
<div data-bbox="198 868 527 1102" data-label="Text"> <p> <b>MAILED TO</b>            OCT 15 2010            ACCOUNTING         </p> </div>																												
<table border="0"> <tr> <td>Account #</td> <td>Property</td> <td>Amount</td> <td>AFE</td> <td>SV</td> </tr> <tr> <td>11927204</td> <td>150191</td> <td>666.00</td> <td>46601724</td> <td>9/10</td> </tr> <tr> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> </tr> <tr> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> </tr> <tr> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> </tr> </table>				Account #	Property	Amount	AFE	SV	11927204	150191	666.00	46601724	9/10	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Account #	Property	Amount	AFE	SV																								
11927204	150191	666.00	46601724	9/10																								
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<p>           VENDOR # <u>10939</u>            NSE 986 <u>CEP 976</u> MCOS 985 IMMEDIATE OVERNITE         </p>																												
			<p>           Reviewed by _____            Approved by _____            Date Paid _____            Check No. _____         </p>																									
			<p>           Subtotal \$666.00            Misc \$0.00            Tax \$0.00            Credits \$0.00  <b>Total \$666.00</b> </p>																									
<p>           Terms from Document Date: Net 30 95-2670371         </p>																												



# Scientific Drilling

Scientific Drilling International, Inc.

Corporate Headquarters  
1100 Rankin Road • Houston, Texas 77073  
Tel: 281-443-3300 • Fax: 281-443-3311

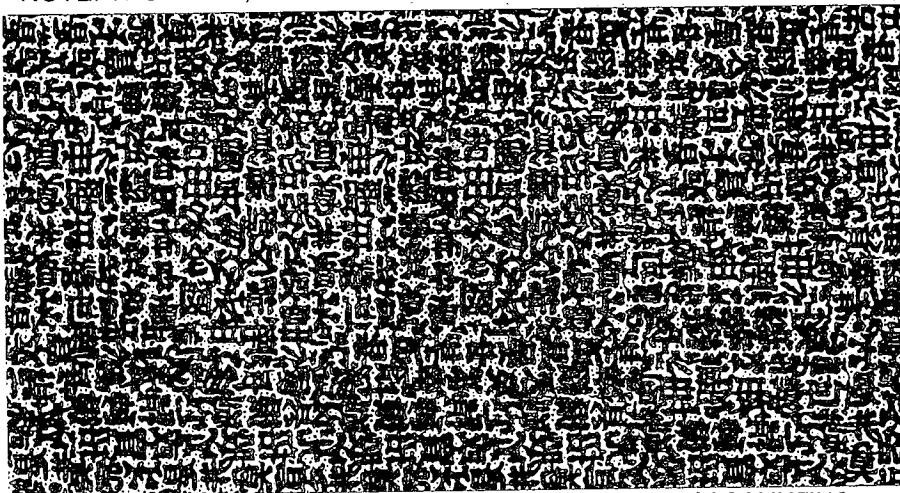
WORK ORDER 142289B

PAGE \_\_\_\_\_ OF \_\_\_\_\_

CUSTOMER NAME & BILLING ADDRESS:			SDI CUSTOMER :	CUSTOMER P.O. / AFE	
CEP MID-CONTINENT			205034	JOB NUMBER 34108 10436B	
PO BOX 970				JOB START 8-17-10 TIME	
SKIATOOK OK 74070				JOB END 8-20-10 TIME	
CUSTOMER WELL NAME & NUMBER			RIG NAME AND NUMBER		THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE WHEREOF INCLUDING THOSE LIMITING WARRANTIES. I CERTIFY THAT THE ABOVE SERVICES AND/OR EQUIPMENT HAVE BEEN RECEIVED IN SATISFACTORY MANNER.
KNISLEY 5-7			PENSE 24		
CITY	COUNTY	STATE	LEASE OR BLOCK		
MONTGOMERY	CO.	KS			
<input checked="" type="checkbox"/> SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE					

ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		ORIGINAL INVOICE # 363635						
		G. LAMPRECHT # 2275						666.-

NOTE: TRUCKING, INSPECTION, REPAIRS AND ANY THIRD PARTY CHARGES TO FOLLOW



TAX CODE	SUB-TOTAL	666.-
	STATE SALES TAX	
	LOCAL SALES TAX	
	TOTAL INVOICE AMT.	666.-
SDI FIELD REPRESENTATIVE		
SDI DISTRICT MANAGER		
Donald [Signature]		[Signature]
DIRECTIONAL COMPANY		

# George Lamprecht

24 Hour Oil Field Hot Shot Service  
Dedicated to provide unprecedented service

# INVOICE

Send payments to:

DATE: 9/1/2010  
INVOICE # 2275

ABF LLC  
P.O. BOX 131  
EDMOND, OK 73083-0131  
Phone 405.321.4908 Fax 405.701.5264

ATT: NEW ADDRESS

Bill To:

SCIENTIFIC DRILLING

PO BOX 970  
SKIATOOK, OK 74070

CEP-436

DESCRIPTION	AMOUNT
Waybill no's 62670 FROM SCIENTIFIC DRILLING INT. OKC TO KINSLEY 5-7X PENSE 24	666.00
Cargo Insurance	N/C
<b>SUBTOTAL</b>	<b>\$ 666.00</b>
<b>TAX RATE</b>	<b>0.00%</b>
<b>SALES TAX</b>	<b>-</b>
<b>OTHER</b>	
<b>TOTAL</b>	<b>\$ 666.00</b>

PLEASE NOTE NEW ADDRESS

Make all checks payable to **George Lamprecht**  
Total due in 15 days. Overdue accounts subject to a service charge of 2% per month.

THANK YOU VERY MUCH FOR YOUR BUSINESS!

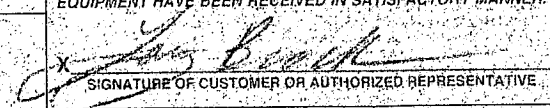


# Scientific Drilling

Scientific Drilling International, Inc.

Corporate Headquarters  
 1100 Rankin Road • Houston, Texas 77073  
 Tel: 281-443-3300 • Fax: 281-443-3311

WORK ORDER \_\_\_\_\_  
 PAGE \_\_\_\_\_ OF \_\_\_\_\_

CUSTOMER NAME & BILLING ADDRESS:		SDI CUSTOMER:	CUSTOMER P.O. / AFE
CEP Mid-Continent LLC		205034	34H0810436
PO BOX 970		JOB START: 8-17-10 TIME 11:00	
Skiatook, OK 74070		JOB END: 8-20-10 TIME 24:00	
CUSTOMER WELL NAME & NUMBER Knisley 5-7		RIG NAME AND NUMBER Pense 24	THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE WHEREOF INCLUDING THOSE LIMITING WARRANTIES. I CERTIFY THAT THE ABOVE SERVICES AND/OR EQUIPMENT HAVE BEEN RECEIVED IN SATISFACTORY MANNER.   SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
CITY	COUNTY	STATE	
LEASE OR BLOCK Montgomery Co., KS			

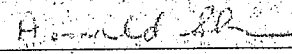
ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		<b>HORIZONTAL DRILLING PACKAGE*</b>			6,500.00	4	DAY	26000.00
		<small>Includes 2 Supervisors, Living Expenses, Misc. Subs, Misc Downhole Motors, B-Field System w/Operators,</small>						
		Stand By Charges			4,000.00		day	
		Gamma			500.00		day	
		Computer Services			500.00	1	well	500.00
		Instrumentation Battery Charge			600.00	3	each bat	1800.00
		Motor Inspection			850.00	1	tool	850.00
		Mileage: Man/Mile Round Trip			2.00	1600	mile	3200.00
		State (Sale Item)			650.00	1	each	650.00
		Start Motor Charge			3,500.00		day	
		LII insurance (available upon request)			700.00	4	day	2800.00
		Azimuthal Gamma			1,500.00	4	day	6000.00

COPY

COPY

NOTE: TRUCKING, INSPECTION, REPAIRS AND ANY THIRD PARTY CHARGES TO FOLLOW

ACCT. CODE	OPERATOR	EMPL.#	DAYS	215 AMOUNT	216 OBP	TAX CODE	SUB-TOTAL
	pay sheet attached						411800.00
34-204-112-700-							
34-201-112-13920-							
34-204-163-10930-							
34-204-111-7140-							
34-204-114-2700-							
34-209-114-600-							
34-201-121-6000-							

SDI FIELD REPRESENTATIVE  
 SDI DISTRICT MANAGER  
  
 DIRECTIONAL COMPANY

DISTRICT



# Scientific Drilling Scientific Drilling International, Inc.

Remit to:  
P.O. Box 200195  
Houston, Texas 77216-0195

Corporate Headquarters  
1100 Rankin Road • Houston Texas 77073  
Tel: 281-443-3300 Fax 281-443-3311

205034

**RECEIVED**  
SEP 20 2010

## INVOICE

Subject to terms and conditions on reverse.

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CEP Mid-Continent, LLC  
PO Box 970  
Skiatook OK 70407

INVOICE NO. 363635

INVOICE DATE 9/16/2010

Page: 1

Customer Order No.  
Location or Shipped To PENSE 24 MONTGOMERY CO., KS  
Well Name and No. KNISLEY 5-7

Work Order No. 142289  
Job No. 34H0810436

	PRICE	QUANTITY	AMOUNT
HORZ DRILLING SMOGS	\$6,500.00	4.00	\$26,000.00
COMPUTER SMOGS	\$500.00	1.00	\$500.00
INST BATTERY CHG	\$600.00	3.00	\$1,800.00
MOTOR INSPECTION	\$850.00	1.00	\$850.00
MILEAGE	\$2.00	1,600.00	\$3,200.00
FLOATS	\$650.00	1.00	\$650.00
LIH INS	\$700.00	4.00	\$2,800.00
AZMUTHAL GAMMA	\$1,500.00	4.00	\$6,000.00

**MAILED TO**  
SEP 22 2010  
ACCOUNTING

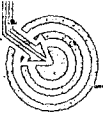
Account #	Property	Amount	AFE	SV
11927204	150191	41800.00	4410124	9/10
-----	-----	-----	-----	-----
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VENDOR # 10939  
NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Reviewed by \_\_\_\_\_  
Approved by \_\_\_\_\_  
Approved by \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Check No. \_\_\_\_\_

Subtotal	\$41,800.00
Misc	\$0.00
Tax	\$0.00
Credits	\$0.00
<b>Total</b>	<b>\$41,800.00</b>

Terms from Document Date: Net 30 95-2670371



# Scientific Drilling

Scientific Drilling International, Inc.

Corporate Headquarters  
1100 Rankin Road • Houston, Texas 77073  
Tel: 281-443-3300 • Fax: 281-443-3311

WORK ORDER \_\_\_\_\_  
PAGE \_\_\_\_\_ OF \_\_\_\_\_

142289

CUSTOMER NAME & BILLING ADDRESS:		SDI CUSTOMER:	CUSTOMER P.O. / AFE
CEP Mid-Continent LLC		205034	
PO BOX 970		JOB NUMBER	34H0810436
Skiatook, OK 74070		JOB START	8-17-10 TIME 1100
		JOB END	8-20-10 TIME 2400
CUSTOMER WELL NAME & NUMBER Knisley 5-7		RIG NAME AND NUMBER Pense 24	
CITY COUNTY STATE Montgomery Co., KS		LEASE OR BLOCK	
THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE WHEREOF INCLUDING THOSE LIMITING WARRANTIES. I CERTIFY THAT THE ABOVE SERVICES AND/OR EQUIPMENT HAVE BEEN RECEIVED IN SATISFACTORY MANNER.			
<i>Jay Beach</i> SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE			

ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		<b>HORIZONTAL DRILLING PACKAGE*</b>			6,500.00	4	DAY	26000 <sup>00</sup>
		<small>Includes 2 Supervisors, Living Expenses, Misc. Subs, WMC Downhole Motors, E-Field System w/Operators,</small>						
		Stand By Charges			4,000.00		day	
		Gamma			500.00		day	
		Computer Services			500.00	1	well	\$500 <sup>00</sup>
		Instrumentation Battery Charge			600.00	3	each batt	\$1800 <sup>00</sup>
		Motor Inspection			850.00	1	tool	\$850 <sup>00</sup>
		Mileage: Man/Mile Round Trip			2.00	1600	mile	\$3200 <sup>00</sup>
		Floats (Sale Item)			650.00	1	each	\$650 <sup>00</sup>
		Smart Motor Charge			3,500.00		day	
		LIH insurance (available upon request)			700.00	4	day	\$2800 <sup>00</sup>
		Azimuthal Gamma			1,500.00	4	day	\$6000 <sup>00</sup>

NOTE: TRUCKING, INSPECTION, REPAIRS AND ANY THIRD PARTY CHARGES TO FOLLOW

	TAX CODE	SUB-TOTAL	41800 <sup>00</sup>
		STATE SALES TAX	
		LOCAL SALES TAX	
		TOTAL INVOICE AMT.	41800.-
	SDI FIELD REPRESENTATIVE		
SDI DISTRICT MANAGER			
<i>Ronald Sh</i>			
DIRECTIONAL COMPANY			

ACCOUNTING



Scientific Drilling  
International, Inc.

421 South Eagle Lane  
Oklahoma City, OK 73128

### DRILLING MOTOR RENTAL SUMMARY

No. \_\_\_\_\_

CUSTOMER CEP

DATE 8-20-2010

WELL NAME & NO. KNISLEY 5-7

SDI JOB NO. 34H0810436

LOCATION \_\_\_\_\_

SDI W.O. NO. 142289

RENTAL OF	TOOL NO.	DATE(S) RUN	DEPTH IN	DEPTH OUT	TOTAL HOURS IN HOLE	DRLG. AND CIRC. HOURS	CHARGES
<u>Topo Mud mtr</u>	<u>375-005</u>	<u>8-17-8-20</u>	<u>830</u>	<u>2905</u>	<u>82.67</u>	<u>61.75</u>	<u>850.00</u>

DAILY BASE RENTAL	TOOL NO.	FROM (DATE)	TO (DATE)	TOTAL DAYS	@ \$	PER DAY	CHARGES

STANDBY CHARGES	TOOL NO.	FROM (DATE)	TO (DATE)	TOTAL DAYS	@ \$	PER DAY	CHARGES

TOTAL RENTAL CHARGES 850.00

TYPE OF DRILLING FLUID  

THIS IS NOT AN INVOICE

COMMENTS \_\_\_\_\_

SIGNED BY [Signature]  
SDI REPRESENTATIVE

AUTHORIZED BY [Signature]  
CUSTOMER REPRESENTATIVE





# Scientific Drilling Scientific Drilling International, Inc.

Remit to:  
P.O. Box 200195  
Houston, Texas 77216-0195

Corporate Headquarters  
1100 Rankin Road • Houston Texas 77073  
Tel: 281-443-3300 • Fax 281-443-3311

205034

**RECEIVED**  
SEP 22 2010  
By

## INVOICE

Subject to terms and conditions on reverse.

S  
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D  
CEP Mid-Continent, LLC  
PO Box 970  
Skiatook OK 70407

363737

9/16/2010

Page: 1

Customer Order No. \_\_\_\_\_  
Location or Shipped To PENSE 24 MONTGOMERY CO, KS  
Well Name and No. KNISLEY 5-7

Work Order No. 144289-A  
Job No. 34H0810436A

**MAILED TO**  
SEP 27 2010  
ACCOUNTING

	INVOICE	STANDARD	AMOUNT
ADD BILL W/O #142289 INV #363635	\$0.00	1.00	\$0.00
G. LAMPRECHT #2271	\$660.00	1.00	\$660.00

Account #	Property	Amount	AFE	SV
11927204	150191	660.00	44101724	9/10

Reviewed by \_\_\_\_\_

Approved by \_\_\_\_\_

Approved by \_\_\_\_\_

Date Paid \_\_\_\_\_

Check No. \_\_\_\_\_

VENDOR # 10939

NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Subtotal	\$660.00
Misc	\$0.00
Tax	\$0.00
Credits	\$0.00
<b>Total</b>	<b>\$660.00</b>

Terms from Document Date: Net 30 95-2670371



# Scientific Drilling

Scientific Drilling International, Inc.

Corporate Headquarters  
1100 Rankin Road • Houston, Texas 77073  
Tel: 281-443-3300 • Fax: 281-443-3311

WORK ORDER 142289A  
PAGE \_\_\_\_\_ OF \_\_\_\_\_

CUSTOMER NAME & BILLING ADDRESS:		SDI CUSTOMER :	CUSTOMER P.O. / A/E
CEP MID-CONTINENT		205034	JOB NUMBER 34#0810436A
PO BOX 970			JOB START 8-17-10 TIME
SKIA TOOK OK 74070			JOB END 8-20-10 TIME
CUSTOMER WELL NAME & NUMBER		RIG NAME AND NUMBER	
KNISLEY 5-7		PENSE 24	
CITY	COUNTY	STATE	LEASE OR BLOCK
	MONTGOMERY CO,	KS	
			THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE WHEREOF INCLUDING THOSE LIMITING WARRANTIES. I CERTIFY THAT THE ABOVE SERVICES AND/OR EQUIPMENT HAVE BEEN RECEIVED IN SATISFACTORY MANNER.
			X SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		G. LAMPRECHT # 2271						660.-

NOTE: TRUCKING, INSPECTION, REPAIRS AND ANY THIRD PARTY CHARGES TO FOLLOW

	TAX CODE	SUB-TOTAL	660.-
		STATE SALES TAX	
		LOCAL SALES TAX	
		TOTAL INVOICE AMT.	660.-
	SDI FIELD REPRESENTATIVE		
SDI DISTRICT MANAGER			
Donald [Signature]			[Signature]
DIRECTIONAL COMPANY			

# George Lamprecht

24 Hour Oil Field Hot Shot Service  
 Dedicated to provide unprecedented service

Send payments to:

ABF LLC  
 P.O. BOX 131  
 EDMOND, OK 73083-0131  
 Phone 405.321.4908 Fax 405.701.5264

DATE: 9/1/2010  
 INVOICE # 2271

ATT: NEW ADDRESS

Bill To: SCIENTIFIC DRILLING

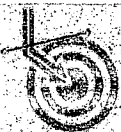
434

DESCRIPTION			AMOUNT
Waybill no's 62692 FROM CONSTELLATION TO KINSLEY BANCHIE 5-7 PENSE 24			660.00
Cargo Insurance			N/C
SUBTOTAL			\$ 660.00
TAX RATE			0.00%
SALES TAX			-
OTHER			
TOTAL			\$ 660.00

PLEASE NOTE NEW ADDRESS

Make all checks payable to George Lamprecht  
 Total due in 15 days. Overdue accounts subject to a service charge of 2% per month.

THANK YOU VERY MUCH FOR YOUR BUSINESS!



# Scientific Drilling

Scientific Drilling International, Inc.

142289

Corporate Headquarters  
1100 Rankin Road • Houston, Texas 77073  
Tel: 281-443-3300 • Fax: 281-443-3311

WORK ORDER \_\_\_\_\_  
PAGE \_\_\_\_\_ OF \_\_\_\_\_

CUSTOMER NAME & BILLING ADDRESS:		SDI CUSTOMER :	CUSTOMER P.O. / AFE
CEP Mid-Continent LLC		205034	
PO BOX 970		JOB NUMBER	34H0810436
Skiatook, OK 74070		JOB START	8-17-10 TIME 1100
		JOB END	8-20-10 TIME 2400
CUSTOMER WELL NAME & NUMBER Knisley 5-7		RIG NAME AND NUMBER Pense 24	
CITY COUNTY STATE Montgomery Co., KS		LEASE OR BLOCK	
THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE WHEREOF INCLUDING THOSE LIMITING WARRANTIES. I CERTIFY THAT THE ABOVE SERVICES AND/OR EQUIPMENT HAVE BEEN RECEIVED IN SATISFACTORY MANNER.			
SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE <i>[Signature]</i>			

ACCT. CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		<b>HORIZONTAL DRILLING PACKAGE*</b>			6,500.00	4	DAY	26000.00
		Includes 2 Supervisors, Living Expenses, Misc. Subs, PDC Downhole Motors, E-Field System w/Operators,						
		Stand By Charges			4,000.00		day	
		Gamma			500.00		day	
		Computer Services			500.00	1	well	\$500.00
		Instrumentation Battery Charge			600.00	3	each batt	\$1800.00
		Motor Inspection			850.00	1	tool	\$850.00
		mileage: Man/Mile Round Trip			2.00	1600	mile	\$3200.00
		Floats (Sale Item)			650.00	1	each	\$650.00
		Smart Motor Charge			3,500.00		day	
		LIH insurance (available upon request)			700.00	4	day	\$2800.00
		Azimuthal Gamma			1,500.00	4	day	\$6000.00

COPY

COPY

NOTE: TRUCKING, INSPECTION, REPAIRS AND ANY THIRD PARTY CHARGES TO FOLLOW

ACCT. CODE	OPERATOR	EMPL #	DAYS	215 AMOUNT	216 OBP	TAX CODE	SUB-TOTAL
							44,150.00
							STATE SALES TAX
							LOCAL SALES TAX
							TOTAL INVOICE AMT. 44700.-
34-209-112-800-							SDI FIELD REPRESENTATIVE
34-201-112-13420-							SDI DISTRICT MANAGER
34-204-113-10930-							<i>[Signature]</i>
34-204-114-7140-							
34-204-114-2800-							
34-209-114-650-							DIRECTIONAL COMPANY
34-209-121-6000-							

DISTRICT



**PENSE BROS. DRILLING CO., INC.**  
 800 NEWBERRY STREET, P O BOX 551  
 FREDERICKTOWN, MO 63645

Phone: 573 783-3347  
 Fax: 573 783-7954

Invoice Number: 24596  
 Invoice Date: 08/20/10

RECEIVED  
 SEP 13 2010  
 By \_\_\_\_\_

CEP Mid-Continent  
 PO Box 970  
 Skiatook, OK 74070  
 Attention:

Payment Terms:  
 Net 30

HOLE NUMBER: 5-7

Description	Quantity	Unit Price	Extended Amount
Hrs of Rigtime-08/11-Rig down & Load	5.00	500.00	2,500.00
Hrs of Rigtime-08/12-Move & Rig up	8.50	500.00	4,250.00
Hrs of Rigtime-08/17-Drilling	16.00	500.00	8,000.00
Hrs of Rigtime-08/18-Drilling	24.00	500.00	12,000.00
Hrs of Rigtime-08/19-Drilling	24.00	500.00	12,000.00
Hrs of Rigtime-08/20-Drilling	24.00	500.00	12,000.00
Fuel			4,900.69

MAILED TO  
 SEP 16 2010  
 ACCOUNTING

Invoice Total: \$ 55,650.69

Account #	Property	Amount	AFE	SV
1192202	150191	55,650.69	4410724	8
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VENDOR # 10897  
 NSE 986 CEP 976 MICOS 985 IMMEDIATE OVERNITE

Reviewed by \_\_\_\_\_  
 Approved by \_\_\_\_\_  
 Approved by \_\_\_\_\_  
 Date Paid \_\_\_\_\_  
 Check No. \_\_\_\_\_

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 8-2

Date: 08-11-10 Interval From: To:

Start Time 8:00 (AM) PM Finish Time 8:00 (AM) (PM)

Day of the Week: WED

Customer/Operator: CEP

Noon to Midnight Midnight to Noon

Location/State: KS County: MONTGOMERY

Surface Pipe-Tally
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Total

EMPLOYEE:		EQUIPMENT:	
Toolpusher	Jim Casselman	Booster #	111
Driller	José Pedraza	Compressor #	
Helper	Oscar Pedraza	Compressor #	
Helper	John Duford	Other	Triplex mud pumps
Helper	Preston Seals	Other	
Other		Other	

Hammer:	Hammer Bit:	Tri-cone Bit:
Make	Make	Make
Size	Model	Model
SN	Choke	IADC#
	SN	

Intake Pressure:	Intermediate Pressure:	Discharge Pressure:
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Safety Checklist (Employee Initials)	
<input checked="" type="checkbox"/> Pre-shift safety meeting/discussion	<input checked="" type="checkbox"/> Body harness
<input checked="" type="checkbox"/> Engine oil levels	<input checked="" type="checkbox"/> Fuel/Oil/Fluid Leaks
<input checked="" type="checkbox"/> Coolant levels	<input checked="" type="checkbox"/> Pipe Trailer Organized
<input checked="" type="checkbox"/> Hydraulic fluid levels	<input checked="" type="checkbox"/> Tools Organized
<input checked="" type="checkbox"/> Hoisting chains/cables	<input checked="" type="checkbox"/> Fire Extinguishers
<input checked="" type="checkbox"/> Handrails	<input checked="" type="checkbox"/> First Aid Kit
<input checked="" type="checkbox"/> Winch Lines	<input checked="" type="checkbox"/> Personal Safety Equipment
<input checked="" type="checkbox"/> Pipe clamp/Clevises tight	<input checked="" type="checkbox"/> MSDS-sheets
<input checked="" type="checkbox"/> Pipe clamp sling	<input checked="" type="checkbox"/> SPCC-sheets
<input checked="" type="checkbox"/> Pipe clamp hook	<input checked="" type="checkbox"/> Light tower check
<input checked="" type="checkbox"/> Housekeeping check	<input checked="" type="checkbox"/> Extension cords
<input checked="" type="checkbox"/> Generator connections	<input checked="" type="checkbox"/> Emergency #'s/procedures

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above. I also certify that I was not injured while on my shift and that I am not aware of any other crewmember being injured during my shift.

Toolpusher or Driller signature: \_\_\_\_\_

All Employees must sign at the end of their shift (if they are not injured)  
 Statement: I confirm that I was not injured while on my shift.

Toolpusher Jim Casselman Helper [Signature]  
 Driller José Pedraza Helper \_\_\_\_\_  
 Helper \_\_\_\_\_ Contractor \_\_\_\_\_

If an employee was injured during this shift, please fill out this section.

Name of injured Employee \_\_\_\_\_ Injured Emp. Signature \_\_\_\_\_

Description of incident \_\_\_\_\_

Time	Operation/Activity	Depth	Pressure
6-7			
7-8			
8-9	Safety meeting, Drilling 4 3/4	3065'	900
9-10	Drilling 4 3/4	3159'	900
10-11	Drilling 4 3/4 <b>TD 3256'</b>		
11-12	clean the hole, tripoint		
12-1	tripout		
1-2	tripout		
2-3	lay down scientific tools		
3-4	Pick up tools, Rig down		
4-5	Removing B.O.P. wash the tank		
5-6	Load equipment, pick up boxes and handrails		
6-7	load equipment		
7-8	load equipment		

74967

Pense Bros. Drilling Co., Inc.  
P.O. Box 551  
Fredericktown, MO 63645

DRILLING REPORT-DAY SHIFT

Rig# 24 Well# Krisley #5/7  
 Date: 8/12/10 Interval From: To:  
 Day of the Week: Thursday  
 Customer/Operator: CEP  
 Location/State: KS County: Montgomery

Start AM Finish AM  
 Time PM Time PM  
 Noon to Midnight  Midnight to Noon

Surface Pipe Tally
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Total

EMPLOYEE		EQUIPMENT	
Toolpusher	Jim Caselman, Terry Stanton	Booster #	_____
Driller	Josa Pedraza	Compressor #	_____
Helper	Oscar Pedraza	Compressor #	_____
Helper	John Buford	Other	_____
Helper	_____	Other	_____
Other	_____	Other	_____

Hammer	Hammer Bit	Tri-cone Bit
Make	Make	Make
Size	Model	Model
SN	Choke	IADC#
	SN	
Intake Pressure	Intermediate Pressure	Discharge Pressure

Safety Checklist (Employee Initials) \_\_\_\_\_ (Employee Initials) \_\_\_\_\_

<input type="checkbox"/> Pre-shift safety meeting/discussion	<input type="checkbox"/> Body harness
<input type="checkbox"/> Engine oil levels	<input type="checkbox"/> Fuel/Oil/Fluid Leaks
<input type="checkbox"/> Coolant levels	<input type="checkbox"/> Pipe Trailer Organized
<input type="checkbox"/> Hydraulic fluid levels	<input type="checkbox"/> Tools Organized
<input type="checkbox"/> Hoisting chains/cables	<input type="checkbox"/> Fire Extinguishers
<input type="checkbox"/> Handrails	<input type="checkbox"/> First Aid Kit
<input type="checkbox"/> Winch Lines	<input type="checkbox"/> Personal Safety Equipment
<input type="checkbox"/> Pipe clamp/Clevises tight	<input type="checkbox"/> MSDS-sheets
<input type="checkbox"/> Pipe clamp sling	<input type="checkbox"/> SPCC-sheets
<input type="checkbox"/> Pipe clamp hook	<input type="checkbox"/> Light tower check
<input type="checkbox"/> Housekeeping check	<input type="checkbox"/> Extension cords
<input type="checkbox"/> Generator connections	<input type="checkbox"/> Emergency #'s/procedures

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above. I also certify that I was not injured while on my shift and that I am not aware of any other crewmember being injured during my shift.

Toolpusher or Driller signature: \_\_\_\_\_

All Employees must sign at the end of their shift (if they are not injured)  
 Statement: I confirm that I was not injured while on my shift.

Toolpusher \_\_\_\_\_ Helper \_\_\_\_\_  
 Driller \_\_\_\_\_ Helper \_\_\_\_\_  
 Helper \_\_\_\_\_ Contractor \_\_\_\_\_

If an employee was injured during this shift, please fill out this section.

Name of injured Employee \_\_\_\_\_ Injured Emp. Signature \_\_\_\_\_

Description of incident		Depth	Pressure
Time	Operation/Activity		
6-7			
7-8			
8-9	8:30 AM start Moving		
9-10	Moving		
10-11			
11-12			
12-1			
1-2			
2-3			
3-4			
4-5	↓ Moving + Rissing Up		
5-6			
6-7			
7-8			

Jeff Pense  
Bob Hurt Jr.

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 5-7 Knidley

Date 08-17-10 Interval From: 824 To:

Start Time 8:00  AM  PM  
 Finish Time 8:00  AM  PM

Day of the Week: THU

Customer/Operator: CEP

Noon to Midnight  Midnight to Noon

Location/State: KS County: MOORE

EMPLOYEE:		EQUIPMENT	
Toolpusher <u>Terry Stanton</u>		Booster #	
Driller <u>Jacobo Guerrero</u>		Compressor #	
Helper <u>Jesus Alvarado</u>		Compressor #	
Helper <u>Robert Kiser</u>		Other <u>279</u>	<u>4 1/2 x 6" T.P</u>
Helper <u>Matt Hudson</u>		Other <u>G.d</u>	<u>4 1/2 x 8" T.P</u>
Other		Other	

Hammer:	Hammer Bit:	Tri-cone Bit:
Make	Make	Make <u>H.C</u>
Size	Model	Model <u>Stx-20</u>
SN	Choke	IADC# <u>537</u>
	SN	<u>5155809</u>

Intake Pressure:	Intermediate Pressure:	Discharge Pressure:

Safety Checklist		(Employee Initials)	(Employee Initials)
<input checked="" type="checkbox"/> Pre-shift safety meeting/discussion	<u>JG</u>	<input checked="" type="checkbox"/> Body harness	<u>JG</u>
<input checked="" type="checkbox"/> Engine oil levels	<u>---</u>	<input checked="" type="checkbox"/> Fuel/Oil/Fluid Leaks	<u>---</u>
<input checked="" type="checkbox"/> Coolant levels	<u>---</u>	<input checked="" type="checkbox"/> Pipe Trailer Organized	<u>---</u>
<input checked="" type="checkbox"/> Hydraulic fluid levels	<u>---</u>	<input checked="" type="checkbox"/> Tools Organized	<u>---</u>
<input checked="" type="checkbox"/> Hoisting chains/cables	<u>---</u>	<input checked="" type="checkbox"/> Fire Extinguishers	<u>---</u>
<input checked="" type="checkbox"/> Handrails	<u>---</u>	<input checked="" type="checkbox"/> First Aid Kit	<u>---</u>
<input checked="" type="checkbox"/> Winch Lines	<u>---</u>	<input checked="" type="checkbox"/> Personal Safety Equipment	<u>---</u>
<input checked="" type="checkbox"/> Pipe clamp/Clevises tight	<u>---</u>	<input checked="" type="checkbox"/> MSDS-sheets	<u>---</u>
<input checked="" type="checkbox"/> Pipe clamp sling	<u>---</u>	<input checked="" type="checkbox"/> SPCC-sheets	<u>---</u>
<input checked="" type="checkbox"/> Pipe clamp hook	<u>---</u>	<input checked="" type="checkbox"/> Light tower check	<u>---</u>
<input checked="" type="checkbox"/> Housekeeping check	<u>---</u>	<input checked="" type="checkbox"/> Extension cords	<u>---</u>
<input checked="" type="checkbox"/> Generator connections	<u>---</u>	<input checked="" type="checkbox"/> Emergency #'s/procedures	<u>---</u>

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above. I also certify that I was not injured while on my shift and that I am not aware of any other crewmember being injured during my shift.

Toolpusher or Driller signature: \_\_\_\_\_

All Employees must sign at the end of their shift (if they are not injured)  
 Statement: I confirm that I was not injured while on my shift.

Toolpusher Terry Stanton Helper Adrian Kasper  
 Driller Jacobo Guerrero Helper Matt Hudson  
 Helper Jesus Alvarado Contractor \_\_\_\_\_

If an employee was injured during this shift, please fill out this section.

Name of injured Employee \_\_\_\_\_ Injured Emp. Signature \_\_\_\_\_

Description of incident		Depth	Pressure
Time	Operation/Activity		
6-7			
7-8			
8-9	<u>Safety meeting w/o tools</u>		
9-10	<u>work on pump</u>		
10-11	<u>pick up scientific tools</u>		
11-12	<u>scientific tools make up</u>		
12-1	<u>w/o antenna</u>		
1-2	<u>trip in Bottom 824</u>		
2-3	<u>hook up wire line</u>		
3-4	<u>w/o wire line</u>		
4-5	<u>stop Drilling 4:00 with wire line GyRo</u>	<u>840</u>	<u>600</u>
5-6	<u>Drilling with wire line GyRo</u>	<u>856</u>	<u>600</u>
6-7	<u>Drilling with wire line GyRo</u>	<u>865</u>	<u>650</u>
7-8	<u>Drilling with wire line GyRo</u>	<u>876</u>	<u>650</u>

Surface Pipe-Tally
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Total

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P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 5-7  
 Date: 08-17-10 Interval From: \_\_\_\_\_ To: \_\_\_\_\_  
 Day of the Week: TUE  
 Customer/Operator: CEP

Start Time 8:00 PM AM PM Finish Time 8:00 PM AM PM  
 Noon to Midnight  Midnight to Noon

Location/State: KS County: MONTGOMERY

EMPLOYEE:		EQUIPMENT:	
Toolpusher	<u>Jim Casselman</u>	Booster #	<u>111</u>
Driller	<u>Jose Pedraza</u>	Compressor #	_____
Helper	<u>Oscar Pedraza</u>	Compressor #	_____
Helper	<u>John Duford</u>	Other	<u>Triplex mud pumps</u>
Helper	<u>Prston Seals</u>	Other	_____
Other	_____	Other	_____

Hammer:	Hammer Bit:	Tri-cone Bit:
Make	Make	Make
Size	Model	Model
SN	Choke	IADC#
	SN	

Intake Pressure: \_\_\_\_\_ Intermediate Pressure: \_\_\_\_\_ Discharge Pressure: \_\_\_\_\_

Safety Checklist (Employee initials) \_\_\_\_\_ (Employee initials) \_\_\_\_\_

<input checked="" type="checkbox"/> Pre-shift safety meeting/discussion	_____	<input checked="" type="checkbox"/> Body harness	_____
<input checked="" type="checkbox"/> Engine oil levels	_____	<input checked="" type="checkbox"/> Fuel/Oil/Fluid Leaks	_____
<input checked="" type="checkbox"/> Coolant levels	_____	<input checked="" type="checkbox"/> Pipe Trailer Organized	_____
<input checked="" type="checkbox"/> Hydraulic fluid levels	_____	<input checked="" type="checkbox"/> Tools Organized	_____
<input checked="" type="checkbox"/> Hoisting chains/cables	_____	<input checked="" type="checkbox"/> Fire Extinguishers	_____
<input checked="" type="checkbox"/> Handrails	_____	<input checked="" type="checkbox"/> First Aid Kit	_____
<input checked="" type="checkbox"/> Winch Lines	_____	<input checked="" type="checkbox"/> Personal Safety Equipment	_____
<input checked="" type="checkbox"/> Pipe clamp/Clevises tight	_____	<input checked="" type="checkbox"/> MSDS-sheets	_____
<input checked="" type="checkbox"/> Pipe clamp sling	_____	<input checked="" type="checkbox"/> SPCC-sheets	_____
<input checked="" type="checkbox"/> Pipe clamp hook	_____	<input checked="" type="checkbox"/> Light tower check	_____
<input checked="" type="checkbox"/> Housekeeping check	_____	<input checked="" type="checkbox"/> Extension cords	_____
<input checked="" type="checkbox"/> Generator connections	_____	<input checked="" type="checkbox"/> Emergency #'s/procedures	_____

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above. I also certify that I was not injured while on my shift and that I am not aware of any other crewmember being injured during my shift.

Toolpusher or Driller signature: \_\_\_\_\_  
 All Employees must sign at the end of their shift (if they are not injured)  
 Statement: I confirm that I was not injured while on my shift.

Toolpusher \_\_\_\_\_ Helper Howard  
 Driller Jose Pedraza Helper Prston Seals  
 Helper Oscar Pedraza Contractor \_\_\_\_\_

If an employee was injured during this shift, please fill out this section.  
 Name of injured Employee \_\_\_\_\_ Injured \_\_\_\_\_  
 Emp. Signature \_\_\_\_\_

Time	Operation/Activity	Depth	Pressure
6-7			
7-8			
8-9	Safety meeting, Drilling 4 3/4 lay down wire line tools		
9-10	Drilling 4 3/4	919'	700
10-11	Drilling 4 3/4	939'	700
11-12	stop on 939' tripart		
12-1	lay down scientific tools Adjust deg. on motor		
1-2	Scientific tools Rig up		
2-3	Tripin		
3-4	Bottom 3:00 AM, Drilling 4 3/4	958	700
4-5	Drilling 4 3/4	978'	700
5-6	Drilling 4 3/4	999'	700
6-7	Drilling 4 3/4	1026'	700
7-8	Drilling 4 3/4	1046'	700

Surface Pipe-Tally
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P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 5-7 Whiskey  
 Date: 08-18-10 Interval From: 1046 To:

Start Time 8:00 <sup>AM</sup> <sub>PM</sub> Finish Time \_\_\_\_\_ AM <sub>PM</sub>  
 Noon to Midnight  Midnight to Noon

Day of the Week: wed  
 Customer/Operator: CEP  
 Location/State: KS County: MORGAN

EMPLOYEE:		EQUIPMENT:	
Toolpusher	<u>Terry Stanton</u>	Booster #	_____
Driller	<u>Jacobo Guerrero</u>	Compressor #	_____
Helper	<u>Jesus Almadec</u>	Compressor #	_____
Helper	<u>Adam Kiser</u>	Other	<u>279 4 1/2 x 6" T.P</u>
Helper	<u>Matt Hudson</u>	Other	<u>Gd 4 1/2 x 8" T.P</u>
Other	_____	Other	_____

Hammer:	Hammer Bit:	Tri-cone Bit:
Make _____	Make _____	Make <u>H.C</u>
Size _____	Model _____	Model <u>Stx-20</u>
SN _____	Choke _____	IADC# <u>537</u>
	SN _____	<u>5155809</u>

Intake Pressure: \_\_\_\_\_ Intermediate Pressure: \_\_\_\_\_ Discharge Pressure: \_\_\_\_\_

Safety Checklist	(Employee initials)	(Employee initials)
<input checked="" type="checkbox"/> Pre-shift safety meeting/discussion	<u>J.G</u>	<u>J.G</u>
<input checked="" type="checkbox"/> Engine oil levels	_____	_____
<input checked="" type="checkbox"/> Coolant levels	_____	_____
<input checked="" type="checkbox"/> Hydraulic fluid levels	_____	_____
<input checked="" type="checkbox"/> Hoisting chains/cables	_____	_____
<input checked="" type="checkbox"/> Handrails	_____	_____
<input checked="" type="checkbox"/> Winch Lines	_____	_____
<input checked="" type="checkbox"/> Pipe clamp/Clevises tight	_____	_____
<input checked="" type="checkbox"/> Pipe clamp sling	_____	_____
<input checked="" type="checkbox"/> Pipe clamp hook	_____	_____
<input checked="" type="checkbox"/> Housekeeping check	_____	_____
<input checked="" type="checkbox"/> Generator connections	_____	_____
<input checked="" type="checkbox"/> Body harness	_____	_____
<input checked="" type="checkbox"/> Fuel/Oil/Fluid Leaks	_____	_____
<input checked="" type="checkbox"/> Pipe Trailer Organized	_____	_____
<input checked="" type="checkbox"/> Tools Organized	_____	_____
<input checked="" type="checkbox"/> Fire Extinguishers	_____	_____
<input checked="" type="checkbox"/> First Aid Kit	_____	_____
<input checked="" type="checkbox"/> Personal Safety Equipment	_____	_____
<input checked="" type="checkbox"/> MSDS-sheets	_____	_____
<input checked="" type="checkbox"/> SPCC-sheets	_____	_____
<input checked="" type="checkbox"/> Light tower check	_____	_____
<input checked="" type="checkbox"/> Extension cords	_____	_____
<input checked="" type="checkbox"/> Emergency #'s/procedures	_____	_____

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above. I also certify that I was not injured while on my shift and that I am not aware of any other crewmember being injured during my shift.

Toolpusher or Driller signature: \_\_\_\_\_  
 All Employees must sign at the end of their shift (if they are not injured)  
 Statement: I confirm that I was not injured while on my shift.

Toolpusher Terry Stanton Helper Adam Kiser  
 Driller Jacobo Guerrero Helper Matt Hudson  
 Helper Jesus Almadec Contractor \_\_\_\_\_

If an employee was injured during this shift, please fill out this section.  
 Name of injured Employee \_\_\_\_\_ Injured Emp. Signature \_\_\_\_\_

Time	Description of incident / Operation/Activity	Depth	Pressure
6-7			
7-8			
8-9	<u>Safety meeting Drilling 4314</u>	<u>1071</u>	<u>700</u>
9-10	<u>Drilling 4314</u>	<u>1105</u>	<u>700</u>
10-11	<u>Drilling 4314</u>	<u>1115</u>	<u>700</u>
11-12	<u>Drilling 4314</u>	<u>1137</u>	<u>700</u>
12-1	<u>Drilling 4314</u>	<u>1168</u>	<u>700</u>
1-2	<u>Drilling 4314</u>	<u>1190</u>	<u>700</u>
2-3	<u>Drilling 4314</u>	<u>1209</u>	<u>700</u>
3-4	<u>Drilling 4314</u>	<u>1236</u>	<u>700</u>
4-5	<u>Drilling 4314</u>	<u>1263</u>	<u>700</u>
5-6	<u>Drilling 4314</u>	<u>1294</u>	<u>700</u>
6-7	<u>Drilling 4314</u>	<u>1326</u>	<u>700</u>
7-8	<u>Drilling 4314</u>	<u>1357</u>	<u>700</u>

Surface Pipe-Tally
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67223

Pense Bros. Drilling Co., Inc.

DRILLING REPORT-DAY SHIFT

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 5-7

Date: 08-18-10 Interval From: To:

Start AM Finish AM

Time 8:00 PM Time 8:00 PM

Day of the Week: WED

Customer/Operator: CEP

Noon to Midnight Midnight to Noon

Location/State: KS County: MONTGOMERY

EMPLOYEE:

EQUIPMENT

Toolpusher Jim Casselman
Driller Jose Pedraza
Helper Oscar Pedraza
Helper John Buford
Helper Preston Seals

Booster # 111
Compressor #
Compressor #
Other Triplex mud pumps
Other
Other

Hammer: Hammer Bit: Tri-cone Bit:

Make Make Make

Size Model Model

SN Choke IADC#

SN

Intake Intermediate Discharge

Pressure: Pressure: Pressure:

Safety Checklist (Employee initials) (Employee initials)

- Pre-shift safety meeting/discussion
Engine oil levels
Coolant levels
Hydraulic fluid levels
Hoisting chains/cables
Handrails
Winch Lines
Pipe clamp/Clevises tight
Pipe clamp sling
Pipe clamp hook
Housekeeping check
Generator connections
Body harness
Fuel/Oil/Fluid Leaks
Pipe Trailer Organized
Tools Organized
Fire Extinguishers
First Aid Kit
Personal Safety Equipment
MSDS-sheets
SPCC-sheets
Light tower check
Extension cords
Emergency #'s/procedures

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above.

Toolpusher or Driller signature:

All Employees must sign at the end of their shift (if they are not injured)

Statement: I confirm that I was not injured while on my shift.

Toolpusher Helper

Driller Jose Pedraza Helper

Helper Oscar Pedraza Contractor

If an employee was injured during this shift, please fill out this section.

Name of injured Employee Injured Emp. Signature

Description of incident

Table with 4 columns: Time, Operation/Activity, Depth, Pressure. Contains drilling log data from 6-7 to 7-8.

Surface Pipe-Tally table with rows 1-45 and a Total row.

67224

Pense Bros. Drilling Co., Inc.

DRILLING REPORT-DAY SHIFT

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 5-7-Whiskey

Date: 08-19-10 Interval From: 1920 To: \_\_\_\_\_

Start Time 8:00  AM  PM  
 Finish Time 8:00  AM  PM

Day of the Week: THU

Customer/Operator: C.F.R.

Noon to Midnight  Midnight to Noon

Location/State: KS County: Montgomery

EMPLOYEE:		EQUIPMENT	
Toolpusher	<u>Terry Stanton</u>	Booster #	<u>111</u>
Driller	<u>Jacobo Cuervo</u>	Compressor #	_____
Helper	<u>Jesus Almodar</u>	Compressor #	_____
Helper	<u>Adam Kiser</u>	Other	<u>279 4 1/2 x 6" T.P.</u>
Helper	<u>Matt Hudson</u>	Other	<u>G.d 4 1/2 x 8" T.P.</u>
Other	_____	Other	_____

Hammer:	Hammer Bit:	Tri-cone Bit:
Make	Make	Make <u>H.C.</u>
Size	Model	Model <u>Stx-20</u>
SN	Choke	IADC# <u>537</u>
	SN	<u>5155809</u>

Intake Pressure: \_\_\_\_\_ Intermediate Pressure: \_\_\_\_\_ Discharge Pressure: \_\_\_\_\_

Safety Checklist		(Employee initials)	(Employee initials)
<input checked="" type="checkbox"/> Pre-shift safety meeting/discussion	_____	<input checked="" type="checkbox"/> Body harness	_____
<input checked="" type="checkbox"/> Engine oil levels	_____	<input checked="" type="checkbox"/> Fuel/Oil/Fluid Leaks	_____
<input checked="" type="checkbox"/> Coolant levels	_____	<input checked="" type="checkbox"/> Pipe Trailer Organized	_____
<input checked="" type="checkbox"/> Hydraulic fluid levels	_____	<input checked="" type="checkbox"/> Tools Organized	_____
<input checked="" type="checkbox"/> Hoisting chains/cables	_____	<input checked="" type="checkbox"/> Fire Extinguishers	_____
<input checked="" type="checkbox"/> Handrails	_____	<input checked="" type="checkbox"/> First Aid Kit	_____
<input checked="" type="checkbox"/> Winch Lines	_____	<input checked="" type="checkbox"/> Personal Safety Equipment	_____
<input checked="" type="checkbox"/> Pipe clamp/Clevises tight	_____	<input checked="" type="checkbox"/> MSDS-sheets	_____
<input checked="" type="checkbox"/> Pipe clamp sling	_____	<input checked="" type="checkbox"/> SPCC-sheets	_____
<input checked="" type="checkbox"/> Pipe clamp hook	_____	<input checked="" type="checkbox"/> Light tower check	_____
<input checked="" type="checkbox"/> Housekeeping check	_____	<input checked="" type="checkbox"/> Extension cords	_____
<input checked="" type="checkbox"/> Generator connections	_____	<input checked="" type="checkbox"/> Emergency #'s/procedures	_____

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above. I also certify that I was not injured while on my shift and that I am not aware of any other crewmember being injured during my shift.

Toolpusher or Driller signature: Terry Stanton

All Employees must sign at the end of their shift (if they are not injured)  
 Statement: I confirm that I was not injured while on my shift.

Toolpusher Terry Stanton Helper \_\_\_\_\_  
 Driller Jacobo Cuervo Helper [Signature]  
 Helper Jesus Almodar Contractor \_\_\_\_\_

If an employee was injured during this shift, please fill out this section.

Name of injured Employee \_\_\_\_\_ Injured Emp. Signature \_\_\_\_\_

Description of incident \_\_\_\_\_

Time	Operation/Activity	Depth	Pressure
6-7			
7-8			
8-9	<u>Safety meeting Drilling 4 3/4</u>	<u>1934</u>	<u>800</u>
9-10	<u>Drilling 4 3/4</u>	<u>1979</u>	<u>800</u>
10-11	<u>Drilling 4 3/4</u>	<u>2009</u>	<u>800</u>
11-12	<u>Drilling 4 3/4</u>	<u>2032</u>	<u>800</u>
12-1	<u>Drilling 4 3/4</u>	<u>2070</u>	<u>800</u>
1-2	<u>Drilling 4 3/4</u>	<u>2107</u>	<u>800</u>
2-3	<u>Drilling 4 3/4</u>	<u>2149</u>	<u>800</u>
3-4	<u>Drilling 4 3/4</u>	<u>2212</u>	<u>800</u>
4-5	<u>Drilling 4 3/4</u>	<u>2268</u>	<u>800</u>
5-6	<u>Drilling 4 3/4</u>	<u>2306</u>	<u>800</u>
6-7	<u>Drilling 4 3/4</u>	<u>2308</u>	<u>800</u>
7-8	<u>Drilling 4 3/4</u>	<u>2322</u>	<u>800</u>

Surface Pipe-Tally
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P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 5-7  
 Date: 08-19-10 Interval From: \_\_\_\_\_ To: \_\_\_\_\_  
 Day of the Week: THU  
 Customer/Operator: CEP

Start Time 8:00 PM Finish Time 8:00 PM  
 Noon to Midnight  Midnight to Noon

Location/State: KS County: MONTGOMERY

EMPLOYEE:		EQUIPMENT:	
Toolpusher	<u>Jim Casselman</u>	Booster #	<u>111</u>
Driller	<u>Jose Pedraza</u>	Compressor #	_____
Helper	<u>Oscar Pedraza</u>	Compressor #	_____
Helper	<u>John Buford</u>	Other	<u>Triplex mud pumps</u>
Helper	<u>Preston Seals</u>	Other	_____
Other	_____	Other	_____

Hammer:	Hammer Bit:	Tri-cone Bit:
Make	Make	Make
Size	Model	Model
SN	Choke	IADC#
	SN	

Intake Pressure: \_\_\_\_\_ Intermediate Pressure: \_\_\_\_\_ Discharge Pressure: \_\_\_\_\_

Safety Checklist (Employee Initials) \_\_\_\_\_ (Employee Initials) \_\_\_\_\_

<input checked="" type="checkbox"/> Pre-shift safety meeting/discussion	_____	<input checked="" type="checkbox"/> Body harness	_____
<input checked="" type="checkbox"/> Engine oil levels	_____	<input checked="" type="checkbox"/> Fuel/Oil/Fluid Leaks	_____
<input checked="" type="checkbox"/> Coolant levels	_____	<input checked="" type="checkbox"/> Pipe Trailer Organized	_____
<input checked="" type="checkbox"/> Hydraulic fluid levels	_____	<input checked="" type="checkbox"/> Tools Organized	_____
<input checked="" type="checkbox"/> Hoisting chains/cables	_____	<input checked="" type="checkbox"/> Fire Extinguishers	_____
<input checked="" type="checkbox"/> Handrails	_____	<input checked="" type="checkbox"/> First Aid Kit	_____
<input checked="" type="checkbox"/> Winch Lines	_____	<input checked="" type="checkbox"/> Personal Safety Equipment	_____
<input checked="" type="checkbox"/> Pipe clamp/Clevises tight	_____	<input checked="" type="checkbox"/> MSDS-sheets	_____
<input checked="" type="checkbox"/> Pipe clamp sling	_____	<input checked="" type="checkbox"/> SPCC-sheets	_____
<input checked="" type="checkbox"/> Pipe clamp hook	_____	<input checked="" type="checkbox"/> Light tower check	_____
<input checked="" type="checkbox"/> Housekeeping check	_____	<input checked="" type="checkbox"/> Extension cords	_____
<input checked="" type="checkbox"/> Generator connections	_____	<input checked="" type="checkbox"/> Emergency #'s/procedures	_____

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above. I also certify that I was not injured while on my shift and that I am not aware of any other crewmember being injured during my shift.

Toolpusher or Driller signature: \_\_\_\_\_

All Employees must sign at the end of their shift (if they are not injured):  
 Statement: I confirm that I was not injured while on my shift.

Toolpusher \_\_\_\_\_ Helper Preston Seals  
 Driller Jose Pedraza Helper John Buford  
 Helper [Signature] Contractor \_\_\_\_\_

If an employee was injured during this shift, please fill out this section.

Name of injured Employee \_\_\_\_\_ Injured Emp. Signature \_\_\_\_\_

Time	Operation/Activity	Depth	Pressure
6-7			
7-8			
8-9	Safety meeting, Drilling 4 3/4	2340'	900
9-10	Drilling 4 3/4	2341'	900
10-11	Drilling 4 3/4	2369'	900
11-12	Drilling 4 3/4	2460'	900
12-1	Drilling 4 3/4	2527'	900
1-2	Drilling 4 3/4	2583'	900
2-3	Drilling 4 3/4	2592'	900
3-4	Drilling 4 3/4	2597'	900
4-5	Drilling 4 3/4	2623'	900
5-6	Drilling 4 3/4	2626'	900
6-7	Drilling 4 3/4	2629'	900
7-8		2631'	900

Surface Pipe-Tally
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P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 5-7-Khislex

Date: 08-20-10 Interval From: To:

Start Time 8:00 <sup>AM</sup> <sub>PM</sub> Finish Time \_\_\_\_\_ AM \_\_\_\_\_ PM

Day of the Week: Fri

Customer/Operator: C.E.P.

Noon to Midnight  Midnight to Noon

Location/State: KS County: Montgomery

EMPLOYEE:		EQUIPMENT:	
Toolpusher	<u>Jerry Stanton</u>	Booster #	<u>111</u>
Driller	<u>Jacobo Guerrero</u>	Compressor #	
Helper	<u>Jesus Almades</u>	Compressor #	
Helper	<u>Adam Kises</u>	Other	<u>279 4 1/2 x 6" T.P.</u>
Helper	<u>Matt Hudson</u>	Other	<u>G.C. 4 1/2 x 8" T.P.</u>
Other		Other	

Hammer:	Hammer Bit:	Tri-cone Bit:
Make	Make	Make <u>H.C.</u>
Size	Model	Model <u>STX-20</u>
SN	Choke	IADC#
	SN	<u>3155809</u>

Intake Pressure:	Intermediate Pressure:	Discharge Pressure:

Safety Checklist (Employee Initials) \_\_\_\_\_ (Employee Initials) \_\_\_\_\_

<input checked="" type="checkbox"/> Pre-shift safety meeting/discussion	_____	<input checked="" type="checkbox"/> Body harness	_____
<input type="checkbox"/> Engine oil levels	_____	<input checked="" type="checkbox"/> Fuel/Oil/Fluid Leaks	_____
<input checked="" type="checkbox"/> Coolant levels	_____	<input checked="" type="checkbox"/> Pipe Trailer Organized	_____
<input checked="" type="checkbox"/> Hydraulic fluid levels	_____	<input checked="" type="checkbox"/> Tools Organized	_____
<input checked="" type="checkbox"/> Hoisting chains/cables	_____	<input checked="" type="checkbox"/> Fire Extinguishers	_____
<input checked="" type="checkbox"/> Handrails	_____	<input checked="" type="checkbox"/> First Aid Kit	_____
<input checked="" type="checkbox"/> Winch Lines	_____	<input checked="" type="checkbox"/> Personal Safety Equipment	_____
<input checked="" type="checkbox"/> Pipe clamp/Clevises tight	_____	<input checked="" type="checkbox"/> MSDS-sheets	_____
<input checked="" type="checkbox"/> Pipe clamp sling	_____	<input checked="" type="checkbox"/> SPCC-sheets	_____
<input type="checkbox"/> Pipe clamp hook	_____	<input checked="" type="checkbox"/> Light tower check	_____
<input checked="" type="checkbox"/> Housekeeping check	_____	<input checked="" type="checkbox"/> Extension cords	_____
<input checked="" type="checkbox"/> Generator connections	_____	<input checked="" type="checkbox"/> Emergency #'s/procedures	_____

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above. I also certify that I was not injured while on my shift and that I am not aware of any other crewmember being injured during my shift.

Toolpusher or Driller signature: \_\_\_\_\_

All Employees must sign at the end of their shift (if they are not injured)  
Statement: I confirm that I was not injured while on my shift.

Toolpusher Jerry Stanton Helper Adam Kises  
Driller Jacobo Guerrero Helper \_\_\_\_\_  
Helper Jesus Almades Contractor \_\_\_\_\_

If an employee was injured during this shift, please fill out this section.

Name of injured Employee \_\_\_\_\_ Injured Emp. Signature \_\_\_\_\_

Description of incident \_\_\_\_\_

Time	Operation/Activity	Depth	Pressure
6-7			
7-8			
8-9	<u>Safety meeting Drilling 4 3/4</u>	<u>2648</u>	<u>800</u>
9-10	<u>Drilling 4 3/4</u>	<u>2685</u>	<u>800</u>
10-11	<u>Drilling 4 3/4</u>	<u>2690</u>	<u>800</u>
11-12	<u>Drilling 4 3/4</u>	<u>2703</u>	<u>800</u>
12-1	<u>Drilling 4 3/4</u>	<u>2711</u>	<u>800</u>
1-2	<u>Drilling 4 3/4</u>	<u>2725</u>	<u>800</u>
2-3	<u>Drilling 4 3/4</u>	<u>2740</u>	<u>800</u>
3-4	<u>Drilling 4 3/4</u>	<u>2744</u>	<u>800</u>
4-5	<u>Drilling 4 3/4</u>	<u>2781</u>	<u>800</u>
5-6	<u>Drilling 4 3/4</u>	<u>2816</u>	<u>800</u>
6-7	<u>Drilling 4 3/4</u>	<u>2864</u>	<u>800</u>
7-8	<u>Drilling 4 3/4</u>	<u>2905</u>	<u>800</u>

TD 2905

Surface Pipe-Tally
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P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 5-7

Date 08-20-10 Interval From: To:

Start AM Finish AM

Day of the Week: FRI

Time 2:00 PM Time PM

Customer/Operator: CEP

Noon to Midnight  Midnight to Noon

Location/State: KO County: MONTGOMERY

EMPLOYEE:

EQUIPMENT

Toolpusher Jim Caselman  
 Driller Jose Pedraza  
 Helper Oscar Pedraza  
 Helper John Buford  
 Helper Preston Seals  
 Other \_\_\_\_\_

Booster # 111  
 Compressor # \_\_\_\_\_  
 Compressor # \_\_\_\_\_  
 Other Triplex mud pump  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

Hammer: Hammer Bit: Tri-cone Bit:

Make Make Make

Size Model Model

SN Choke IADC#

SN

Intake Intermediate Discharge

Pressure: Pressure: Pressure:

Safety Checklist (Employee Initials) (Employee Initials)

- Pre-shift safety meeting/discussion \_\_\_\_\_  Body harness \_\_\_\_\_
- Engine oil levels \_\_\_\_\_  Fuel/Oil/Fluid Leaks \_\_\_\_\_
- Coolant levels \_\_\_\_\_  Pipe Trailer Organized \_\_\_\_\_
- Hydraulic fluid levels \_\_\_\_\_  Tools Organized \_\_\_\_\_
- Hoisting chains/cables \_\_\_\_\_  Fire Extinguishers \_\_\_\_\_
- Handrails \_\_\_\_\_  First Aid Kit \_\_\_\_\_
- Winch Lines \_\_\_\_\_  Personal Safety Equipment \_\_\_\_\_
- Pipe clamp/Clevises tight \_\_\_\_\_  MSDS-sheets \_\_\_\_\_
- Pipe clamp sling \_\_\_\_\_  SPCC-sheets \_\_\_\_\_
- Pipe clamp hook \_\_\_\_\_  Light tower check \_\_\_\_\_
- Housekeeping check \_\_\_\_\_  Extension cords \_\_\_\_\_
- Generator connections \_\_\_\_\_  Emergency #'s/procedures \_\_\_\_\_

I certify that all of the safety checklist has been performed while on my shift and that the employee who initialed each item is the person who performed/inspected the items listed above. I also certify that I was not injured while on my shift and that I am not aware of any other crewmember being injured during my shift.

Toolpusher or Driller signature: \_\_\_\_\_

All Employees must sign at the end of their shift (if they are not injured)

Statement: I confirm that I was not injured while on my shift.

Toolpusher \_\_\_\_\_ Helper \_\_\_\_\_

Driller Jose Pedraza Helper \_\_\_\_\_

Helper \_\_\_\_\_ Contractor \_\_\_\_\_

If an employee was injured during this shift, please fill out this section.

Name of injured Employee \_\_\_\_\_ Injured Emp. Signature \_\_\_\_\_

Description of incident

Time	Operation/Activity	Depth	Pressure
6-7			
7-8			
8-9	Safety meeting, circulate		
9-10	tripout		
10-11	tripout		
11-12	lay down, scientific tools		
12-1	Pick up hoses and tools wash the tank		
1-2	Pick up tools, Rig down		
2-3	load equipment		
3-4	load equipment		
4-5	load equipment		
5-6	wait		
6-7	wait		
7-8			

Surface Pipe-Tally
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**COPY**  
FOR YOUR  
INFORMATION

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**COPY**

Form CP-111  
March 2009  
Form must be Typed  
Form must be signed  
All blanks must be complete

**TEMPORARY ABANDONMENT WELL APPLICATION**

OPERATOR License# 34027  
Name: CEP Mid-Continent LLC  
Address 1: 15 West Sixth Street, Suite 1100  
Address 2: \_\_\_\_\_  
City: Tulsa State: OK Zip: 74119 + 5405  
Contact Person: Rodney Tate, D&C Engineer  
Phone: (918) 877-2912, ext. 306  
Contact Person Email: Rodney.Tate@cepllc.com  
Field Contact Person: Larry Casey  
Field Contact Person Phone: (918) 697-4216 cell

API No. 15- 125-31921-02-00  
Spot Description: Weir-Pitt Lateral ONLY was not drilled  
SE NW SW Sec. 6 Twp. 33 S. R. 17  E  W  
2,070 feet from  N /  S Line of Section  
732 feet from  E /  W Line of Section  
GPS Location: Lat: 37°11' 59.4" N, Long: 95° 34' 26.41" S  
County: Montgomery (e.g. xx.xxxxx) (e.g. -xxx.xxxxx)  
Lease Name: KNISLEY Well #: 5-7  
Elevation: 789.5'  GL  KB  
Well Type: (check one)  Oil  Gas  OG  WSW  Other: \_\_\_\_\_  
 SWD Permit #: \_\_\_\_\_  ENHR Permit #: \_\_\_\_\_  
 Gas Storage Permit #: \_\_\_\_\_  
Spud Date: NA Date Shut-In: NA

Note: This well was permitted as a dual horizontal lateral, but only the Riverton lateral was drilled, not the Weir-Pitt.

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size						
Setting Depth						
Amount of Cement						
Top of Cement						
Bottom of Cement						

Casing Fluid Level: \_\_\_\_\_ How Determined? \_\_\_\_\_ Date: \_\_\_\_\_  
Casing Squeeze(s): \_\_\_\_\_ to \_\_\_\_\_ w / \_\_\_\_\_ sacks of cement, \_\_\_\_\_ to \_\_\_\_\_ w / \_\_\_\_\_ sacks of cement. Date: \_\_\_\_\_  
(top) (bottom) (top) (bottom)  
Do you have a valid Oil & Gas Lease?  Yes  No  
Depth and Type:  Junk in Hole at \_\_\_\_\_  Tools in Hole at \_\_\_\_\_ Casing Leaks:  Yes  No Depth of casing leak(s): \_\_\_\_\_  
(depth) (depth)  
Type Completion:  ALT. I  ALT. II Depth of:  DV Tool: \_\_\_\_\_ w / \_\_\_\_\_ sacks of cement  Port Collar: \_\_\_\_\_ w / \_\_\_\_\_ sack of cement  
(depth) (depth)  
Packer Type: \_\_\_\_\_ Size: \_\_\_\_\_ Inch Set at: \_\_\_\_\_ Feet  
Total Depth: \_\_\_\_\_ Plug Back Depth: \_\_\_\_\_ Plug Back Method: \_\_\_\_\_

**Geological Data:**


Formation Name	Formation Top	Formation Base	Completion Information
1. <u>Weir-Pitt lateral not drilled</u>	At: _____ to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet	
2. _____	At: _____ to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet	

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date: 10/26/10 Signature: \_\_\_\_\_ Title: D&C Engineer

Do NOT Write in This Space - KCC USE ONLY	Date Tested: _____	Results: _____	Date Plugged: _____	Date Repaired: _____	Date Put Back in Service: _____
	Review Completed by: _____	Comments: _____	TA Approved: Yes <input type="checkbox"/> Denied <input type="checkbox"/>		

**Mail to the Appropriate KCC Conservation Office:**

	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.225.8888
	KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.630.4000
	KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720	Phone 620.432.2300
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.625.0550
	Underground Porosity Gas Storage (UPGS) 8200 E. 34th Street Circle N., Suite 1003, Wichita, KS 67226	Phone 316.734.4933



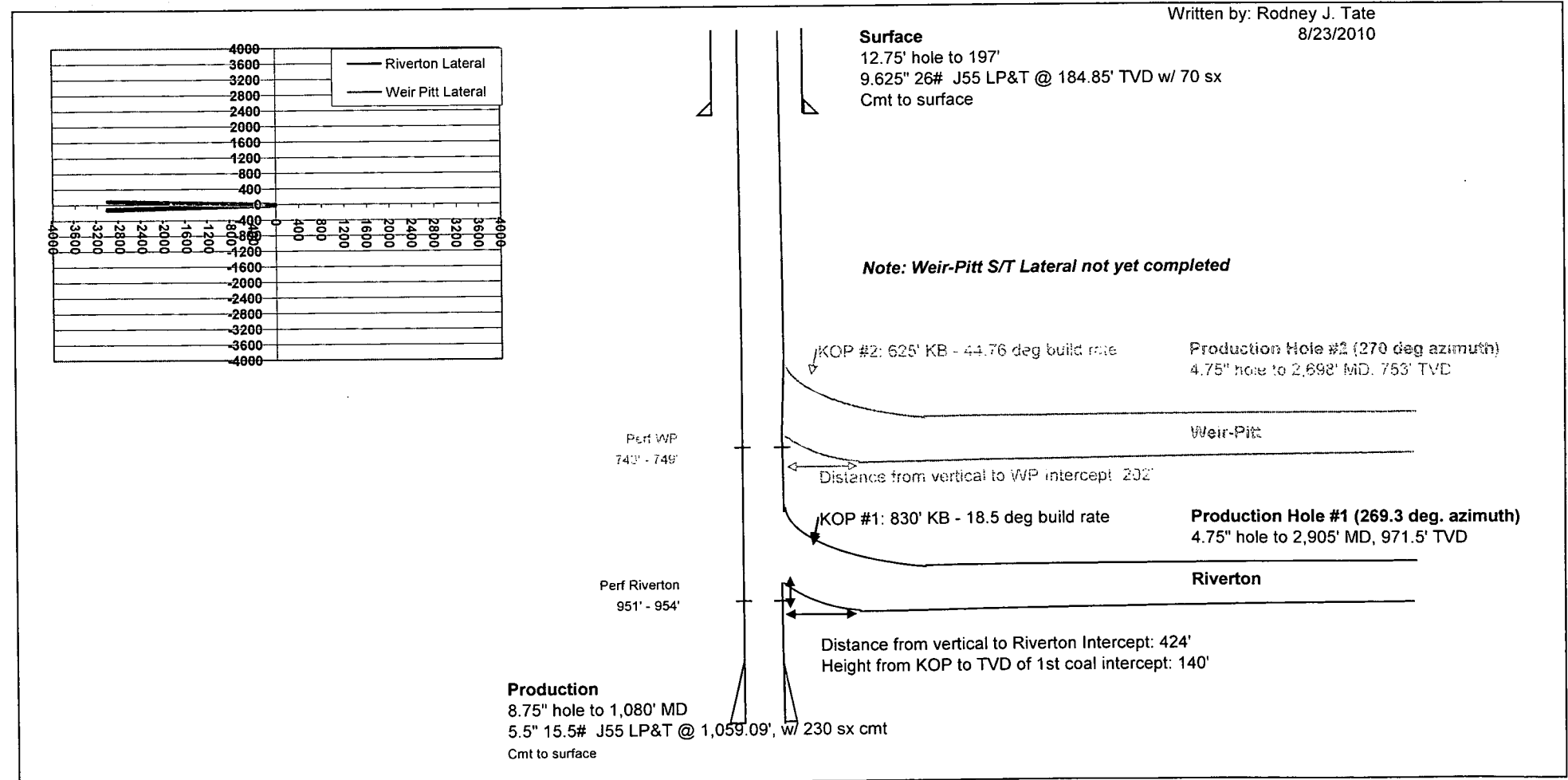
**Actual/Proposed Knisley 5-7 Dual-S/T Wellbore Diagram**

Actual Surface Loc: SW/4 Sec 05 T33S – R17E – Kanmap Liberty  
 Actual Surface Loc: 2,070' FSL, 732' FWL, ELEV 789.5'  
 Actual Bottomhole Loc #1: SE/4 Sec 06 T33S – R17E  
 Actual Bottomhole Loc #1, Start of Target: 2,060.9' FSL, 308' FWL Sec 05  
 Actual Bottomhole Loc #1, End of Target: 2,045.7' FSL, 1,296.2' FEL Sec 06 Azim 269.3°  
 Actual Vertical Section #1: 2,000'  
 Actual Lateral Length #1: 1,606'  
 Proposed Bottomhole Loc #2: SE/4 Sec 06 T33S – R17E  
 Proposed Bottomhole Loc #2, Start of Target: 2,070' FSL, 605' FWL Sec 05  
 Proposed Bottomhole Loc #2, End of Target: 2,070' FSL, 1,268' FEL Sec 06 Azim 270°  
 Proposed Vertical Section #2: 2,000'  
 Proposed Lateral Length #2: 1,798'

	Size	Wt	# jts.	Length	MD	TVD
Surface Casing	9.625	26	8	184.85	184.85	185
Production Casing	5.5	15.5	1	9.73	9.73	10
Production Casing	5.5	15.5	24	1,048.46	1,058.19	1,058
Float Shoe	5.5	15.5	1	0.90	1,059.09	1,059

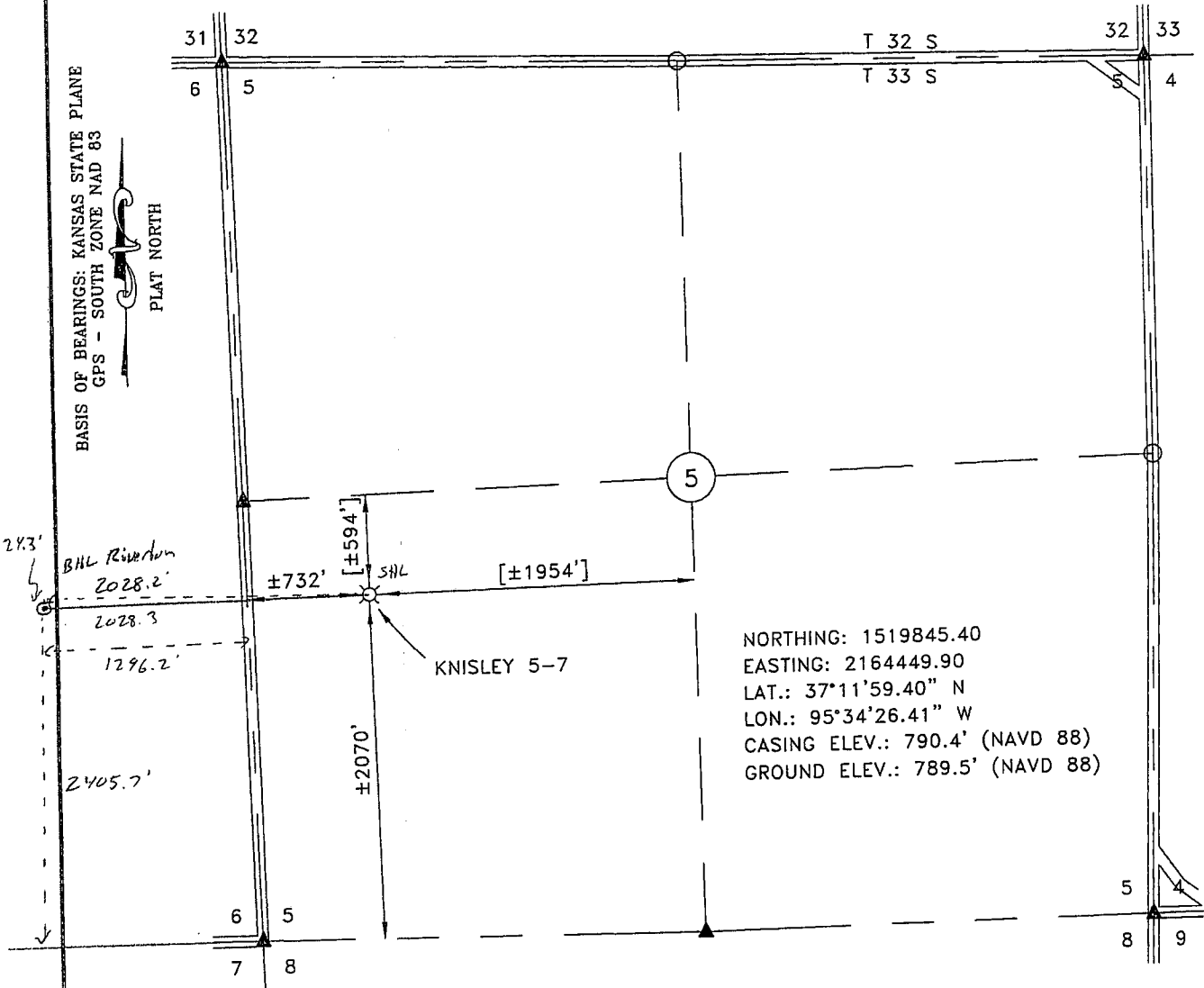
**Dual-Lateral Horizontal - Riverton / Weir-Pitt Coal**

Written by: Rodney J. Tate  
 8/23/2010



ACTUAL BHL PLAT

NON-STANDARD, SECTION 5,  
T 33 S - R 17 E, 6TH P.M.,  
MONTGOMERY COUNTY, KANSAS



NORTHING: 1519845.40  
EASTING: 2164449.90  
LAT.: 37°11'59.40" N  
LON.: 95°34'26.41" W  
CASING ELEV.: 790.4' (NAVD 88)  
GROUND ELEV.: 789.5' (NAVD 88)

SCALE: 1"=1000' DATE SURVEYED: 5/26/10  
OPERATOR: CONSTELLATION ENERGY  
LEASE NAME: KNISLEY WELL NO.: 5-7  
TOPOGRAPHY & VEGETATION: EXISTING LOCATION

LEGEND

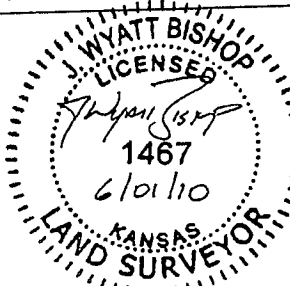
- = FOUND ORIGINAL GLO MONUMENT
- ▲ = FOUND OR SET, AND RECORDED MONUMENT
- = FOUND MONUMENT (UNKNOWN ORIGIN)
- = LOCAL OCCUPATION EVIDENCE

NOTE:

This map represents an existing well site and does not represent a true boundary survey. It has been created using monumentation shown hereon and local occupation but its accuracy is not guaranteed. Coordinates and elevations have been gathered utilizing RTK GPS equipment and has been post processed utilizing OPUS. Review this plat and notify Gateway Services Group, L.L.C. immediately of any possible discrepancy.

Distances shown in (parenthesis) are calculated based upon the Quarter Section being 2640 feet, those shown in [brackets] are based on GLO distances and have not been measured.

	CONSTELLATION MID-CONTINENT L.L.C. 15 WEST 6TH STREET, SUITE 1100 TULSA, OK 74119		
	Gateway Services Group	PO BOX 980, WEBBER, OK 74855 Phone: 405-273-0954 Fax: 405-273-0580 C.A. NO.: LS-209 EXP. DATE: 12-31-2010	
WELL SITE SURVEY KNISLEY 5-7 SECTION 5, T 33 S - R 17 E, 6TH P.M., MONTGOMERY COUNTY, KANSAS			
DRAWN BY: BAL	DATE: 5-28-10	SCALE: 1"=1000'	CH:JWB
DWC. No.: 10-0369-001		APE#:	
REV.	DESCRIPTION	DWN.	DATE



*J. Wyatt Bishop* 6/10/10  
J. WYATT BISHOP  
KANSAS L.P.L.S. NO.: 1467  
DATE

Actual Riverston BHL: RJT/sjz/10