

RECEIVED

OCT 28 2010

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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. / Scientific Drilling Int'l.
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.): Horizontal Riverton Lateral

If Workover/Re-entry: Old Well Info as follows:

Operator: Well permitted as DUAL lateral but only did Rvtn, not W-P;
Well Name: filed CP-111 showing W-P as TA. (DOCKET #11-CONS-09-CHOR)

- 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 #: _____

<u>08/21/10</u>	<u>08/28/10</u>	<u>09/15/10</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-31947-01-00
Spot Description: Well permitted as dual lateral but only did Riverton.
SE SW Sec. 6 Twp. 33 S. R. 17 East West
336 Feet from North / South Line of Section
4,389 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: KNISLEY Well #: 6-8X
Field Name: Cherokee Basin Coal Area
Producing Formation: Riverton Coal
Elevation: Ground: 803' Kelly Bushing: NA
Total Depth: 2,044' MD Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 174.99' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 174.99' TVD
feet depth to: surface w/ 75 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.

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: D&C Engineer Date: 10/25/10

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: Dlg Date: 11/1/10

Operator Name: CEP Mid-Continent LLC Lease Name: KNISLEY Well #: 6-8X
 Sec. 6 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Scientific Drilling Int'l. logs enclosed	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Oakley Shale</td> <td>602'</td> <td>201'</td> </tr> <tr> <td>Weir-Pittsburg Coal</td> <td>731'</td> <td>72'</td> </tr> <tr> <td>Bartlesville Sandstone</td> <td>896'</td> <td>-93'</td> </tr> <tr> <td>Riverton Coal</td> <td>1164'</td> <td>-361'</td> </tr> </tbody> </table>	Name	Top	Datum	Oakley Shale	602'	201'	Weir-Pittsburg Coal	731'	72'	Bartlesville Sandstone	896'	-93'	Riverton Coal	1164'	-361'
Name	Top	Datum														
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Weir-Pittsburg Coal	731'	72'														
Bartlesville Sandstone	896'	-93'														
Riverton Coal	1164'	-361'														

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#	175'	Class "A"	75	80# Pheno. 100# gel. Benton.
Production	7.875"	5.5"	15.5#	1121	Class "A"	80	800# Kolseal, 300#sa;t 300# gel, 80#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 checked="" type="checkbox"/> Plug Off Zone	887-912'	Class "A"	15	Neat

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
26 shots	Bartlesville (zone squeezed after swab test)	1,500 gal. 15% HCl acid	887-912'
RECEIVED OCT 28 2010 KCC WICHITA			

TUBING RECORD: Size: <u>2-7/8"</u> Set At: <u>1,057'</u> Packer At: <u>NA</u> Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Date of First, Resumed Production, SWD or ENHR. <u>09/21/10</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____										
Estimated Production Per 24 Hours	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Oil Bbls.</td> <td style="width:25%;">Gas Mcf</td> <td style="width:25%;">Water Bbls.</td> <td style="width:25%;">Gas-Oil Ratio</td> <td style="width:20%;">Gravity</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">13</td> <td style="text-align: center;">0</td> <td></td> <td></td> </tr> </table>	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	0	13	0		
Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity							
0	13	0									

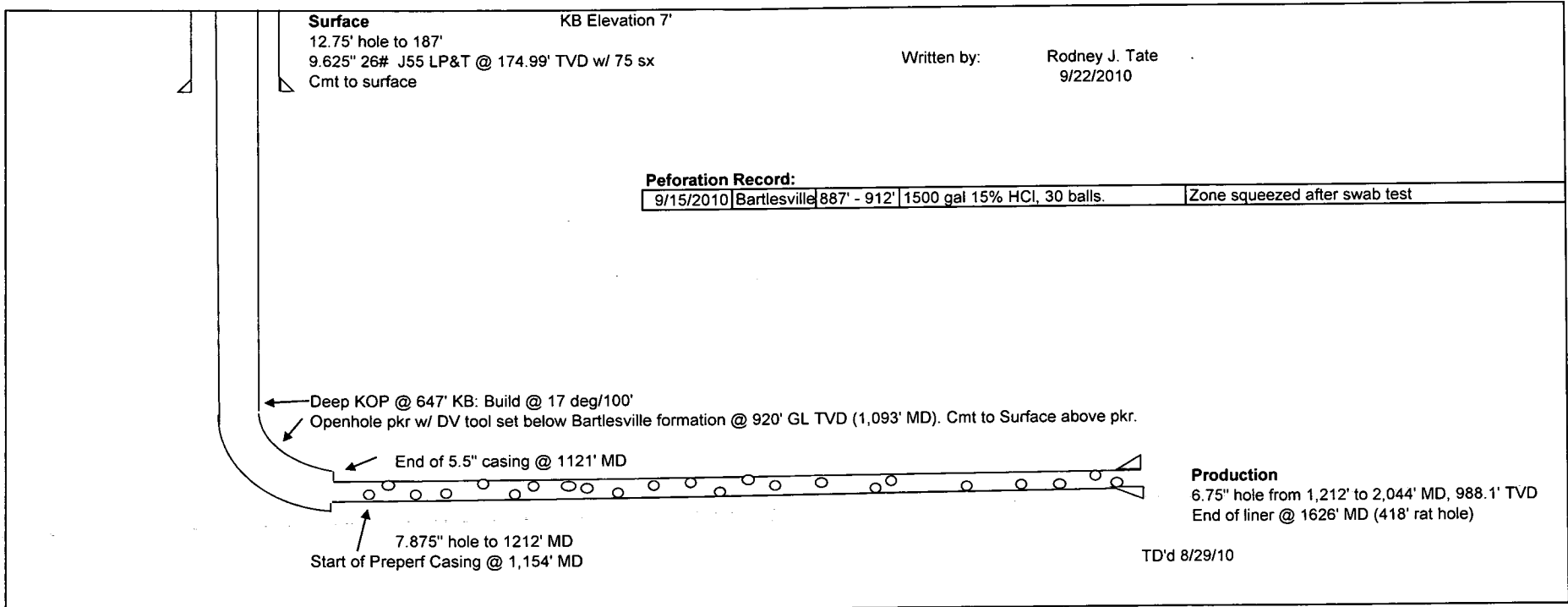
DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
--	--	--

Actual Knisley 6-8X Wellbore Diagram
 Actual Surface Loc: SW/4 Sec 06 T33S – R17E – Liberty
 Actual Surface Loc: 336' FSL, 4,389' FWL, ELEV 803.0'
 Actual Bottomhole Loc: SE/4 Sec 6 T33S – R17E
 Actual Bottomhole Loc, Start of Target: 456' FSL, 4,719' FWL Sec 06
 Actual Bottomhole Loc, End of Target: 764' FSL, 5,536' FWL Sec 6 Azim 69.5°
 Actual Lateral Length: 874'
 Actual Vertical Section: 1,224'

Horizontal Riverton Lateral Coal

	Size	Wt	# jts.	Length	MD	TVD	Inc.
Surface Casing	9.625"	26#	NA	174.99	174.99	175	0
Production Casing	5.5"	15.5#	39	1,069.24	1,069.24	953	70
Stage Tool	5.5"			2.70	1,071.94	954	71
Ann. Csg. Pkr	5.5"			21.55	1,093.49	961	72
Production Casing	5.5"	15.5#	1	27.10	1,120.59	968	75
5.5" x 3.5" X-over				1.50	1,122.09	969	76
Blank Liner	3.5"	9.3#	1	31.98	1,154.07	976	81
Preperf Liner	3.5"	9.3#	14	439.85	1,593.92	983	91
Tapered liner	3.5"			32.20	1,626.12	982	91

The casing depths above are all from ground level.



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CONSOLIDATED
Oil Well Services, LLC

236678

TICKET NUMBER 27949

LOCATION Barklesville

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
9-17-10	3115	Kniskley 6-8x	6	335	17E	MBTM
CUSTOMER C.E.P.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			398	John		
CITY			518	Jelle		
STATE						
ZIP CODE						

JOB TYPE Plug HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 917 DRILL PIPE _____ TUBING 2 7/8 760ft 2 3/8 157ft OTHER _____
 SLURRY WEIGHT 15.6 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 2.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Established cementation spotted 100% plug on bottom next class A
cement displaced. Log pulled out of hole waited 30 min looked
up to backside loaded hole. Shut b.o.p. pressure up to 200 psi
and shut in.

Perls @ 887-912

Sally Mackay
Operator

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	50	MILEAGE		182.50
5407	1	bulk truck		315.00
1104	1410"	Class A		225.60
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KCC WICHITA				
10% discount if paid in 30 days = 1662.31				
1496.08				
6.3% SALES TAX				14.21
ESTIMATED TOTAL				1662.31

Ravin 3737 AUTHORIZATION TITLE DATE _____

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.



CONSOLIDATED
Oil Well Services, LLC

236280

TICKET NUMBER 27855
LOCATION BARTLESVILLE, OK
FOREMAN DONNIE TATE

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
8/29/10	3115	KNISLEY 68-X				Mont. KS
CUSTOMER CEP						
MAILING ADDRESS						
CITY			STATE	ZIP CODE		
			TRUCK #	DRIVER	TRUCK #	DRIVER
			419	James N		
			518	Robert		

JOB TYPE LS HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 1100' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 26.18 DISPLACEMENT PSI 500 MIX PSI 250 RATE 5

REMARKS: RIG UP - DROP FIRST PLUG DISP. 26.18 BBL TO LAND @ 700'
PRESSURE UP TO 1200 3 TIMES - FLATLINE @ 1100' - RELEASE TO 0 - PRESSURE
UP TO 2700' TO SHEAR PIN AND CIRC - RUN 80SX TOP FOLLOWED BY 80SX OWC
BTM - WASH OUT PUMP AND LINES - DROP 2nd PLUG AND DISP 26.18 TO SET
SHOE -

Mix 250 #
Disp 500 #
Land 2100 #

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		920.00
5406	50	MILEAGE		182.50
5402	1100	FOOTAGE		220.00
5407	1	BULK TRUCK		350.00
1104	80sx/7520 #	CLASS A CMT	*	1203.20
1110A	16sx/1800 #	KOLSEAL	*	336.00
1111	65sx/1300 #	SALT	*	99.00
1118B	65sx/1300 #	GEL	*	60.00
1107A	25sx/180 #	PHENO	*	92.00
1126A	80sx/7520 #	OWC	*	1360.00
THANK YOU				
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OCT 28 2010				
KCC WICHITA				
			SALES TAX	198.21
			ESTIMATED TOTAL	5026.17

Revin 3737

AUTHORIZATION

TITLE _____

DATE _____

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.

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- 125-31947-02-00
Spot Description: Weir-Pitt Lateral ONLY was not drilled
SE SW Sec. 6 Twp. 33 S. R. 17 E W
336 feet from N / S Line of Section
4,389 feet from E / W Line of Section
GPS Location: Lat: 37°11' 44.59" Long: 95° 35' 13.4"
County: Montgomery (e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
Lease Name: KNISLEY Well #: 6-8X
Elevation: 802.4' 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						

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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 _____ (depth) Tools in Hole at _____ (depth) Casing Leaks: Yes No Depth of casing leak(s): _____
Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(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. Weir-Pitt lat. not drilled 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: 10/25/10 Signature: Rodney Tate 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 ✓mailed 10/25/10	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



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: 24597
 Invoice Date: 08/29/10

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

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 SEP 13 2010
 By

Payment Terms:
 Net 30

HOLE NUMBER: 6-8X

Description	Quantity	Unit Price	Extended Amount
Hrs of Rigtime-08/21-Drilling	24.00	500.00	12,000.00
Hrs of Rigtime-08/22-Drilling	24.00	500.00	12,000.00
Hrs of Rigtime-08/23-Drilling	24.00	500.00	12,000.00
Hrs of Rigtime-08/24-Drilling	24.00	500.00	12,000.00
Hrs of Rigtime-08/25-Drilling	24.00	500.00	12,000.00
Hrs of Rigtime-08/26-Drilling	24.00	500.00	12,000.00
Hrs of Rigtime-08/27-Drilling	24.00	500.00	12,000.00
Hrs of Rigtime-08/28-Drilling	24.00	500.00	12,000.00
Hrs of Rigtime-08/29-DRilling	8.00	500.00	4,000.00

MAILED TO
 SEP 16 2010
 ACCOUNTING

Invoice Total: \$ 100,000.00

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Account # Property Amount AFE SV
 11927202 150142 100,000.00 44101733 8 | P

VENDOR# 10897

NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Reviewed by [Signature]
 Approved by _____
 Approved by _____
 Date Paid _____
 Check No. _____

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 5-7
 Date 08-20-10 Interval From: _____ To: _____
 Day of the Week: FRI
 Customer/Operator: CEP
 Location/State: K8 County: MONTGOMERY

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

Surface
Pipe Tally
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
Total

EMPLOYEE		EQUIPMENT	
Toolpusher	<u>Jim Casselman</u>	Booster #	<u>111</u>
Driller	<u>José Pedraza</u>	Compressor #	_____
Helper	<u>Oscar Pedraza</u>	Compressor #	_____
Helper	<u>John Buford</u>	Other	<u>Triplex mud pump</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 _____ **RECEIVED**
 Driller José Pedraza Helper _____ **OCT 28 2010**
 Helper _____ Contractor _____ **KCC WICHITA**

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

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

M

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 6-8 Knisley

Date: 08-21-10 Interval From: To:

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

Day of the Week: SAT

Customer/Operator: CFR

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 Cuesca</u>	Compressor #	<u>266</u>
Helper	<u>Jesus Almoder</u>	Compressor #	<u>267</u>
Helper	<u>Adam Knisley</u>	Other	_____
Helper	<u>Matt Hodson</u>	Other	_____
Other	_____	Other	_____

Hammer:	Hammer Bit:	Tri-cone Bit:
Make	<u>12 1/4</u>	<u>14 1/4</u>
Size	Make	Make
SN	Model	Model
	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 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 Jerry Stanton Helper Adam Knisley
 Driller Jacobo Cuesca Helper Matt Hodson
 Helper Jesus Almoder 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	SofaTo meeting move equipment		
9-10	move		
10-11	move		
11-12	start the rig set equipment		RECEIVED
12-1	hook up hoses		OCT 28 2010
1-2	set equipment		RECEIVED
2-3	set conductors 13 3/8		KCC WICHITA
3-4	set on		OCT 28 2010
4-5	Drilling 12.5 Hammer		KCC WICHITA
5-6	Drilling 12.5 Hammer		
6-7	ripout box the Hammer Down Pull conductor		
7-8	RUN 9 5/8 8 JTS 174.98		

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P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 6-8 Kirby
 Date: 08-21-10 Interval From: _____ To: _____

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

Day of the Week: SAT
 Customer/Operator: CEP

Noon to Midnight Midnight to Noon

Location/State: KS County: MONTGOMERY

EMPLOYEE:		EQUIPMENT:	
Toolpusher	<u>Jim Casselman</u>	Booster #	_____
Driller	<u>José Pedraza</u>	Compressor #	_____
Helper	<u>Oscar Pedraza</u>	Compressor #	_____
Helper	<u>John Buford</u>	Other	_____
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 <u>Jim Casselman</u>	Helper <u>John Buford</u>
Driller <u>José Pedraza</u>	Helper _____
Helper <u>Oscar Pedraza</u>	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	<u>safety meeting, complet. time</u>		
9-10	<u>W.O.C change oil on equipment</u>		
10-11	<u>W.O.C change oil on equipment</u>		
11-12	<u>W.O.C work on B.O.P</u>		
12-1	<u>W.O.C work on B.O.P</u>		
1-2	<u>W.O.C</u>		
2-3	<u>W.O.C</u>		
3-4	<u>W.O.C</u>		
4-5	<u>W.O.C</u>		
5-6	<u>W.O.C</u>		
6-7	<u>W.O.C</u>		
7-8	<u>W.O.C</u>		

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 KCC WICHITA

M

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# C-8-Khisler
 Date: 08-22-10 Interval From: _____ To: _____

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

Day of the Week: SUN
 Customer/Operator: C.F.R.

Noon to Midnight Midnight to Noon

Location/State: KS County: MONTCOMERY

EMPLOYEE:		EQUIPMENT:	
Toolpusher	<u>Tommy Stanton</u>	Booster #	<u>111</u>
Driller	<u>Jacobo Guerrero</u>	Compressor #	<u>266</u>
Helper	<u>Jesus Almoder</u>	Compressor #	<u>267</u>
Helper	<u>Adam Kiser</u>	Other	_____
Helper	<u>Matt Hudson</u>	Other	_____
Other	_____	Other	_____

Hammer:	Hammer Bit: <u>7.875</u>	Tri-cone Bit:
Make	Make <u>Atlas Copco</u>	Make
Size	Model <u>QL80CXC</u>	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 type="checkbox"/> Engine oil levels	_____	<input checked="" type="checkbox"/> Fuel/Oil/Fluid Leaks	_____
<input 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 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 type="checkbox"/> Pipe clamp sling	_____	<input 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 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 Tommy Stanton Helper Adam Kiser
 Driller Jacobo Guerrero Helper Matt Hudson
 Helper Jacobo Guerrero 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 w.o.c</u>		
9-10	<u>set B.O.P. + NIPPLE up Pickup Stabilizer + hammer</u>		
10-11	<u>Change Bit New</u>		
11-12	<u>work on B.O.P</u>		
12-1	<u>12:30 drilling 7 7/8 hole to KOP</u>	<u>203</u>	<u>300</u>
1-2	<u>~ 21</u>	<u>263</u>	<u>300</u>
2-3	<u>~ 22</u>	<u>413</u>	<u>300</u>
3-4	<u>~ 22</u>	<u>503</u>	<u>300</u>
4-5	<u>~ 22</u>	<u>563</u>	<u>300</u>
5-6	<u>5:30 647' KOP</u>	<u>647'</u>	<u>300</u>
6-7	<u>back up hoses pick up tools</u>		
7-8	<u>~ 27</u>		

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P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 6-8X
 Date: 08-22-10 Interval From: _____ To: _____
 Day of the Week: SUN
 Customer/Operator: CEP
 Location/State: KS County: MONTGOMERY

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

Surface Pipe-Tally
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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 pump</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 [Signature] Helper [Signature]
 Driller Jose Pedraza Helper Pete Seal
 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		Depth	Pressure
Time	Operation/Activity		
6-7			
7-8			
8-9	safety meeting, spud the equipment		
9-10	have connections make up base connections		
10-11	unload tools from catwalk		
11-12	filled the hole with water		
12-1	wait check fluid on equipment		
1-2	wait		
2-3	wait		
3-4	wait		
4-5	wait		
5-6	wait		
6-7	wait		
7-8	wait		

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P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# C-8X Knisley

Date: 08-25-10 Interval From: To:

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

Day of the Week: MON

Customer/Operator: CEP

Noon to Midnight Midnight to Noon

Location/State: KS County: Montgomery

EMPLOYEE:		EQUIPMENT:	
Toolpusher <u>Jerry Stanton</u>	Driller <u>Jacobo Cuervo</u>	Booster # _____	Compressor # _____
Helper <u>Jesus Almodar</u>	Helper <u>Adam Kiser</u>	Compressor # _____	Other <u>283 5 1/2 x 15" Duplex</u>
Helper <u>Matt Hudson</u>	Other _____	Other <u>279 4 1/2 x 6" Triplex</u>	Other _____

Hammer:	Hammer Bit:	Tri-cone Bit:
Make _____	Make _____	Make <u>H.C</u>
Size _____	Model _____	Model <u>GX-20</u>
SN _____	Choke _____	IADC# _____
	SN _____	S.N.# <u>5118717</u>

Intake Pressure:	Intermediate Pressure:	Discharge Pressure:
_____	_____	_____

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 <u>Jerry Stanton</u>	Helper <u>Adam Kiser</u>
Driller <u>Jacobo Cuervo</u>	Helper <u>Matt Hudson</u>
Helper <u>Jesus Almodar</u>	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 work</u>		
9-10	<u>work</u>		
10-11	<u>work</u>		
11-12	<u>Pickup motor make up directional tools</u>		
12-1	<u>scientific tools up Hook up base and Big pump</u>		
1-2	<u>work and sub</u>		
2-3	<u>Tally pipe</u>		
3-4	<u>pipe in concrete</u>		
4-5	<u>pipe in concrete</u>		
5-6	<u>Drilling 7 7/8</u>	<u>700</u>	<u>100</u>
6-7	<u>Drilling 7 7/8 work and pump</u>	<u>721</u>	<u>100</u>
7-8	<u>Drilling 7 7/8</u>	<u>730</u>	<u>100</u>

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P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 6-8X
 Date: 08-23-10 Interval From: 730 To: 849

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

Day of the Week: MON
 Customer/Operator: CEP

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>283 mud pump</u>
Helper	<u>Preston Seals</u>	Other	<u>279 triplex mud pu</u>
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)	(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: [Signature] Helper: [Signature]
 Driller: Jose Pedraza Helper: Preston 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 _____

Description of incident _____

Time	Operation/Activity	Depth	Pressure
6-7			
7-8			
8-9	Safety meeting, Drilling 7 7/8	743'	700
9-10	Drilling 7 7/8	758'	700
10-11	Drilling 7 7/8	770'	700
11-12	Drilling 7 7/8	778'	700
12-1	Drilling 7 7/8	789'	700
1-2	Drilling 7 7/8	799'	700
2-3	Drilling 7 7/8	815'	700
3-4	Drilling 7 7/8	824'	700
4-5	Drilling 7 7/8	828'	700
5-6	Drilling 7 7/8	838'	700
6-7	Drilling 7 7/8	847'	700
7-8	Drilling 7 7/8	849'	700

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 OCT 28 2010
 KCC WICHITA

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Pense Bros. Drilling Co., Inc.

DRILLING REPORT-DAY SHIFT

75667

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 6-8 X Knisley

Date: 08-24-10 Interval From: 849' To:

Start Time 8:00 AM Finish Time AM

Day of the Week: TUE

PM PM

Customer/Operator: C E R

Noon to Midnight

Midnight to Noon

Location/State: KS County: Montgomery

EMPLOYEE:		EQUIPMENT	
Toolpusher	Terry Stanton	Booster #	
Driller	Jacobo Guerrero	Compressor #	
Helper	Jesus Almadar	Compressor #	
Helper	Adam Knisley	Other 283	5 1/2" X 15" Duplex
Helper	Matt Hudson	Other 279	4 1/2" X 6" Triplex
Other		Other	

Hammer:	Hammer Bit:	Tri-cone Bit:
Make	Make	Make H.C.
Size	Model	Model GX-20
SN	Choke	IADC#
	SN	S.N. 5118717

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"/>	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 Knisley

Driller Jacobo Guerrero Helper Matt Hudson

Helper Jesus Almadar 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 7718	869	700
9-10	Drilling 7718	879	700
10-11	Drilling 7718	897	700
11-12	Drilling 7718	900	700
12-1	Drilling 7718	921	700
1-2	Drilling 7718	929	700
2-3	Drilling 7718	939	700
3-4	Drilling 7718	960	700
4-5	Drilling 7718	921	700
5-6	Drilling 7718	995	700
6-7	Drilling 7718	1019	700
7-8	Drilling 7718 stop and lost trip and		

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P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 6-8X
 Date: 08-24-10 Interval From: _____ To: _____
 Day of the Week: TUE
 Customer/Operator: CEP
 Location/State: KS County: MONTGOMERY

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

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EMPLOYEE:		EQUIPMENT	
Toolpusher	<u>Jim Casselman</u>	Booster #	<u>111</u>
Driller	<u>José Pedraza</u>	Compressor #	_____
Helper	<u>Oscar Pedraza</u>	Compressor #	_____
Helper	<u>John Buford</u>	Other	<u>283</u>
Helper	<u>Preston Seals</u>	Other	<u>279</u>
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 [Signature] Helper [Signature]
 Driller José Pedraza Helper Preston Seals
 Helper [Signature] 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, trippout		
9-10	lay down scientific tools		
10-11	lay down scientific tools, change motor, scientific tools Rig up		
11-12	lay down scientific tools Rig up		
12-1	Trippin		
1-2	trippin Bottom 1:50 AM, Drilling 7 7/8		
2-3	Drilling 7 7/8	1055'	800
3-4	Drilling 7 7/8	1077'	800
4-5	Drilling 7 7/8	1099'	800
5-6	Drilling 7 7/8 stop at 1121'		
6-7	Trippout		
7-8	Trippout		

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P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 6-8X Knisley
 Date: 8-25-2010 Interval From: 1124 To: 1213
 Day of the Week: Wed
 Customer/Operator: CEP

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

Location/State: Ks County: mout. gameey

EMPLOYEE:		EQUIPMENT	
Toolpusher	<u>Terry Stanton</u>	Booster #	
Driller	<u>Jacobo Guerrero</u>	Compressor #	
Helper	<u>Jesus Almader</u>	Compressor #	
Helper	<u>Adam Kiser</u>	Other	<u>283 5 1/2 X 15" Duplex</u>
Helper	<u>Matt Hudson 3 hrs</u>	Other	<u>279 4 1/2 X 6" triplex</u>
Other		Other	

Hammer:	Hammer Bit:	Tri-cone Bit:
Make	Make	Make <u>HC</u>
Size	Model	Model <u>GX-20</u>
SN	Choke	IADC#
	SN	<u>5118717</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 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 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 Terry Stanton Helper Adam Kiser
 Driller Jacobo Guerrero Helper _____
 Helper Jesus Almader 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 lay down scientific tools</u>		
9-10	<u>Lay down scientific tools</u>		
10-11	<u>Pick up motor scientific tools up</u>		
11-12	<u>trip in</u>		
12-1	<u>at bottom 1124 Drilling 7 218</u>	<u>1126</u>	<u>800</u>
1-2	<u>Drilling 7 218</u>	<u>1140</u>	<u>800</u>
2-3	<u>Drilling 7 218</u>	<u>1143</u>	<u>800</u>
3-4	<u>Drilling 7 218</u>	<u>1152</u>	<u>800</u>
4-5	<u>Drilling 7 218</u>	<u>1158</u>	<u>800</u>
5-6	<u>Drilling 7 218</u>	<u>1168</u>	<u>800</u>
6-7	<u>Drilling 7 218</u>	<u>1184</u>	<u>800</u>
7-8	<u>Drilling 7 218</u>	<u>1213</u>	<u>800</u>

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Pense Bros. Drilling Co., Inc.

DRILLING REPORT-DAY SHIFT

75670

P.O. Box 551

Fredericktown, MO 63645

Rig# <u>24</u>	Well# <u>6-8X</u>
Date: <u>08-25-10</u>	Interval From: _____ To: _____
Day of the Week: <u>WED</u>	
Customer/Operator: <u>CEP</u>	
<input type="checkbox"/> Noon to Midnight	<input type="checkbox"/> Midnight to Noon
Location/State: <u>KS</u> County: <u>MONTGOMERY</u>	

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Total

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>283 mud pump</u>
Helper	<u>Preston seals</u>	Other	<u>279 Triplex mud pump</u>
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: Jim Casselman Helper: John Buford

Driller: Jose Pedraza Helper: Preston 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, Tripout		
9-10	Tripout lay down scientific tools		
10-11	lay down scientific tools		
11-12	change scientific tools		
12-1	work on smart motor, scientific tools Rig up		
1-2	scientific tools Rig up, tripin		
2-3	Tripin		
3-4	tripin Bottom 3:10 AM, wait		
4-5	wait, Drilling 6 3/4	1234'	800
5-6	Drilling 6 3/4	1263'	800
6-7	Drilling 6 3/4	1281'	800
7-8	Drilling 6 3/4	1323'	800

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P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 6-8-X Knisley
Date: 08-26-10 Interval From: 1323 To:

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

Day of the Week: THU
Customer/Operator: C E P

Noon to Midnight Midnight to Noon

Location/State: KS County: Montgomery

EMPLOYEE:		EQUIPMENT:	
Toolpusher	Terry Stanton	Booster #	
Driller	Jacobo Guerrero	Compressor #	
Helper	Jesus Almadar	Compressor #	
Helper	Adon Knisley	Other 283	5 1/2 X 15" Duplex
Helper		Other 279	4 1/2 X 6" triplex
Other		Other	

Hammer:	Hammer Bit:	Tri-cone Bit:
Make	Make	Make
Size	Model	Model XR3210DPS
SN	Choke	IADC#
	SN	PP 1331

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 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 Terry Stanton Helper Adon Knisley
Driller Jacobo Guerrero Helper _____
Helper Jesus Almadar 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 @ 3/4	1345	800
9-10	Drilling @ 3/4	1370	800
10-11	Drilling @ 3/4	1394	800
11-12	Drilling @ 3/4	1430	800
12-1	Drilling @ 3/4	1472	800
1-2	Drilling @ 3/4	1520	800
2-3	Drilling @ 3/4	1557	800
3-4	Drilling @ 3/4	1595	800
4-5	Drilling @ 3/4	1622	800
5-6	Drilling @ 3/4	1655	850
6-7	Drilling @ 3/4	1694	860
7-8	Drilling @ 3/4	1728	850

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P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 6-8X

Date: 08-26-10 Interval From: To:

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

Day of the Week: THU

Customer/Operator: C.E.P

Noon to Midnight Midnight to Noon

Location/State: KS County: MONTGOMERY

EMPLOYEE:		EQUIPMENT:	
Toolpusher	<u>Jim Caselman</u>	Booster #	<u>111</u>
Driller	<u>José Pedraza</u>	Compressor #	
Helper	<u>Oscar Pedraza</u>	Compressor #	
Helper	<u>John Buford</u>	Other	<u>EB3 mud pump</u>
Helper	<u>Preston Seals</u>	Other	<u>279 Triplex mud pump</u>
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 Jim Caselman Helper John Buford
 Driller José Pedraza Helper Preston 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 _____

Description of incident _____

Time	Operation/Activity	Depth	Pressure
6-7			
7-8			
8-9	Safety meeting, Drilling 6 3/4	1751'	900
9-10	Drilling 6 3/4	1765'	900
10-11	Drilling 6 3/4 stop on 1781' wait for orders		
11-12	lay down 15 Hts start side track		
12-1	Drilling side track	1289	900
1-2	Drilling side track	1290	900
2-3	Drilling side track	1290	900
3-4	Drilling side track	1292	900
4-5	Drilling side track	1293	900
5-6	Drilling side track	1294	900
6-7	Drilling side track	1295'	900
7-8	Drilling side track	1296'	900

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P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# G-8-X Kwisley
 Date: 08-27-10 Interval From: _____ To: _____
 Day of the Week: Fri
 Customer/Operator: CER

Start Time 8:00 AM Finish Time 8:10 PM
 Noon to Midnight Midnight to Noon

Location/State: KS County: Montgomery

EMPLOYEE:		EQUIPMENT:	
Toolpusher	<u>Terry Stanton</u>	Booster #	_____
Driller	<u>Jacobo Guerrero</u>	Compressor #	_____
Helper	<u>Jesus Almadar</u>	Compressor #	_____
Helper	<u>Adam Kaiser</u>	Other	<u>283 5 1/2 X 15" duplex</u>
Helper	_____	Other	<u>279 4 1/2 X 6" triplex</u>
Other	_____	Other	_____

Hammer:	Hammer Bit:	Tri-cone Bit:
Make	Make	Make
Size	Model	Model <u>XR3a10DPS</u>
SN	Choke	IADC#
	SN	<u>PP1331</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: _____
 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 Kaiser
 Driller Jacobo Guerrero Helper _____
 Helper Jesus Almadar 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 side tracking	1297	900
9-10	Drilling side track G 3/4	1298	900
10-11	Drilling side track G 3/4	1300	900
11-12	Drilling side track G 3/4	1302	910
12-1	Drilling G 3/4	1310	900
1-2	Drilling G 3/4	1324	900
2-3	Drilling G 3/4	1336	900
3-4	Drilling G 3/4	1380	900
4-5	Drilling G 3/4	1409	900
5-6	Drilling G 3/4	1432	900
6-7	Drilling G 3/4	1454	900
7-8	Drilling G 3/4	1476	900

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 OCT 28 2010
 KCC WICHITA

Surface Pipe-Tally
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Pense Bros. Drilling Co., Inc.

DRILLING REPORT-DAY SHIFT

75674

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 6-8X

Date: 08-27-10 Interval From: To:

Start AM Finish AM

Day of the Week: FRI

Time 8:00 PM Time 8:00 PM

Customer/Operator: CEP

Noon to Midnight Midnight to Noon

Location/State: KS County: MONTGOMERY

EMPLOYEE:		EQUIPMENT	
Toolpusher	Jim Casselman	Booster #	111
Driller	José Pedraza	Compressor #	
Helper	Oscar Pedraza	Compressor #	
Helper	John Buford	Other	283 duplex mud pump
Helper	Preston Seals	Other	279 triplex mud pump
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"/>	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 Jim Casselman Helper John Buford

Driller José 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 _____

Time	Operation/Activity	Depth	Pressure
6-7			
7-8			
8-9	Safety meeting, Drilling 6 3/4	1485'	900
9-10	Drilling 6 3/4	1494'	900
10-11	Drilling 6 3/4	1513'	900
11-12	Drilling 6 3/4	1540'	900
12-1	Drilling 6 3/4	1554'	900
1-2	Drilling 6 3/4	1564'	900
2-3	Drilling 6 3/4	1584'	900
3-4	Drilling 6 3/4	1591'	900
4-5	Drilling 6 3/4	1621'	900
5-6	Drilling 6 3/4	1632'	900
6-7	Drilling 6 3/4	1665'	900
7-8	Drilling 6 3/4	1684'	900

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Surface Pipe-Tally
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Pense Bros. Drilling Co., Inc.

DRILLING REPORT-DAY SHIFT

75675

R.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# G-8-X Knisley

Date: 08-28-10 Interval From: 1684 To:

Start Time 8:00 AM Finish Time AM

Day of the Week: Sat

Time PM Time PM

Customer/Operator: CEP

Midnight to Noon

Location/State: K.S. County: Montgomery

Table with columns for EMPLOYEE (Toolpusher, Driller, Helper) and EQUIPMENT (Booster, Compressor, Other).

Table with columns for Hammer, Hammer Bit, and Tri-cone Bit, including Make, Size, SN, Model, and IADC#.

Intake Pressure, Intermediate Pressure, Discharge Pressure

Safety Checklist table with various items checked, including Pre-shift safety meeting, Body harness, Fuel/Oil/Fluid Leaks, etc.

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.

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.

Signatures for Toolpusher (Jerry Stanton), Driller (Jacobo Guerrero), and Helper (Jesus Almadar).

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 columns for Time, Operation/Activity, Depth, and Pressure, containing drilling log data.

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

N

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P.O. Box 551

Fredericktown, MO 63645

Rig# <u>24</u>	Well# <u>6-8X</u>
Date: <u>08-28-10</u>	Interval From: _____ To: _____
Day of the Week: <u>SAT</u>	
Customer/Operator: <u>CEP</u>	
Location/State: <u>KS</u> County: <u>MONTGOMERY</u>	

Start Time <u>8:00</u> <u>PM</u>	Finish Time <u>8:00</u> <u>PM</u>
<input type="checkbox"/> Noon to Midnight	<input type="checkbox"/> Midnight to Noon

Surface Pipe-Tally
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Total

EMPLOYEE:		EQUIPMENT:	
Toolpusher <u>Jim Caselman</u>	Driller <u>José Pedraza</u>	Booster # <u>111</u>	Compressor # _____
Helper <u>Oscar Pedraza</u>	Helper <u>John Buford</u>	Compressor # _____	Other <u>283 Duplex mud pump</u>
Helper <u>Preston Seal</u>	Other _____	Other <u>279 Triplex mud pump</u>	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 <u>Jim Caselman</u>	Helper <u>John Buford</u>
Driller <u>José Pedraza</u>	Helper <u>Preston Seal</u>
Helper <u>Oscar Pedraza</u>	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 6 3/4	2036	900
9-10	Drilling 6 3/4	2042	900
10-11	Drilling 6 3/4 [TD 2044'] clean the hole		
11-12	circulate Tripout		
12-1	tripout		
1-2	lay down scientific tools		
2-3	Removing B.O.P		
3-4	Tally casing, Run 16 lbs 3 1/2 liner		
4-5	Run 3 1/2 liner to tally 5 1/2 casing		
5-6	Run 5 1/2 casing		
6-7	Run 5 1/2 casing		
7-8	Run 5 1/2 casing, pump cement		

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Pense Bros. Drilling Co., Inc.

DRILLING REPORT-DAY SHIFT

75677

P.O. Box 551

Fredericktown, MO 63645

Rig# 24 Well# 6-8 X Knisley

Date: 08-29-10 Interval From: To:

Start AM Finish AM
Time 8:00 PM Time 6:00 PM

Day of the Week: SUN

Customer/Operator: CER

Noon to Midnight Midnight to Noon

Location/State: KS County: Monboney

EMPLOYEE:		EQUIPMENT:	
Toolpusher	Jerry Stanton	Booster #	
Driller	Jacobo Cuervo	Compressor #	
Helper	Jesus Almoder	Compressor #	
Helper	Adam Knisley	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 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"/> SPC-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 Jerry Stanton Helper Adam Knisley
 Driller Jacobo Cuervo Helper _____
 Helper Jesus Almoder 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 pick up hoses		
9-10	pick up tools		
10-11	wash fork Cement Pipe		
11-12	pick up tools move equipment		
12-1	moving Rig + Equip. 32-3 Knisley		
1-2	moving		
2-3	moving		
3-4	moving		
4-5	moving		
5-6	moving Rig + Equip.		
6-7			
7-8			

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OCT 28 2010
KCC WICHITA

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Total

P.O. BOX 13
DEWEY, OK 74029

STEVE HARTER
918-534-2107

SALES CONTRACT AND FIELD WORK ORDER

Job No. <u>619</u>	Charge To: <u>Cep Mid-continent, LLC</u>	Customer Order No.
Date <u>9-15-10</u>	Address RECEIVED	Nearest Town
Operator <u>HARTER, HARK, BASS</u>	City and State	Field <u>Liberty</u>
Riggers <u>336' FSL + 4389' FWL</u>	Mail Invoices To: <u>SEP 16 2010</u>	Lease and Well No. <u>2011 Kniskey #6-8x</u>
<u>SE14</u>	Address	County <u>Montgomery</u>
Legal Description-Sec. <u>6 33S 17E</u>	City and State	State <u>KANSAS</u>

MAIL
SEP 16 2010

ACCOUNTING
Reviewed by
Approved
Date

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 9-15-10 CUSTOMER Cep Mid-continent, LLC Check No. _____
PRINT CORRECT NAME Signature of Customer or Authorized Representative

WORK PERFORMED		PRICING	
Ran	log:	Set up	\$ 400 ⁰⁰
From ft. to ft.;	From ft. to ft.	1st <u>10</u> Shots	\$ 650 ⁰⁰
From ft. to ft.;	From ft. to ft.	Next <u>16</u> Shots @ \$ Ea.	\$ 240 ⁰⁰
Set Bridge Plug at ft.	(TYPE)	Next Shots @ \$ Ea.	\$
Perforated with <u>3 1/8, 22.7g</u>	as Follows:	LOGGING:	
From <u>887</u> ft. to <u>912</u> ft., <u>26</u> Shots		Depth Charge ft. @ \$ ft.	\$
		Logging Chg ft. @ \$ ft.	\$
		BRIDGE PLUG:	
		Type	\$
		Setting Charge	\$
		Depth Charge ft. @ \$ ft.	\$
		Cement Bond Log	\$
		OTHER SERVICES	
		<u>Additional Guns (1)</u>	<u>300⁰⁰</u>
		<u>Pressure Equip</u>	<u>250⁰⁰</u>
		<u>Line Wear</u>	
		TOTAL	\$ 1840⁰⁰

Account #	Property	Amount	AFE	SV
<u>192732.3</u>	<u>150142</u>	<u>1748.00</u>	<u>44101733</u>	<u>9/12</u>
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
VENDOR # <u>10087</u>	IMMEDIATE			
NSE 986 <u>CEP 976</u> MCOS-985	IMMEDIATE OVERNITE			

ZERO <u>6.1</u>	CASING SIZE <u>5.5</u>	CASING WT.	CUSTOMER'S T.D. <u>1074.92.00</u>	GCW T.D.	FLUID LEVEL <u>Full</u>
OPEN HOLE RECORD	RECEIVED		DISCOUNT		TYPE FLUID IN HOLE <u>Water</u>

COMMENTS: OCT 28 2010

KCC WICHITA

NET

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



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
OCT 11 2010
By

INVOICE

Subject to terms and conditions on reverse.

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

INVOICE No. 364336

INVOICE DATE 9/30/2010

Page: 1

MAILED TO
OCT 15 2010

ACCOUNTING
MONTGOMERY CO., KS

Customer Order No.
Location or Shipped To PENSE 24
Well Name and No. KNISLEY 6-8X

Work Order No. 142311A
Job No. 34H0810458A

	PRICE	QUANTITY	AMOUNT
ADD BILL W/O #142311 INV #363887	\$0.00	1.00	\$0.00
REPAIR - GRAND #64678	\$390.00	1.00	\$390.00

Account #	Property	Amount	AFE	SV
11927204	150142	390.00	44101733	9110
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VENDOR # 10939
 NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Reviewed by _____
 Approved by _____
 Date Paid _____
 Check No. _____

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OCT 28 2010
KCC WICHITA

Subtotal	\$390.00
Misc	\$0.00
Tax	\$0.00
Credits	\$0.00
Total	\$390.00

Terms from Document Date: Net 30 95-2670371

GRAND MACHINE, INC.

REMIT TO:
 P. O. Box 96692
 Oklahoma City, Oklahoma 73143
 (405) 677-5725

TERMS: NET CASH, 30 DAYS. 1 1/2% ON PAST DUE ACCOUNTS

OLD TO		LEASE AND WELL NUMBER	
SCIENTIFIC DRILLING INTERNATIONAL 421 S EAGLE LANE OKC,OK. 73128		SHIPPED TO ORDERED BY	
CUSTOMER ORDER NUMBER 1666		INVOICE DATE 9-16-10	
DATE ORDERED 9-1-10		INVOICE NUMBER N ^o 64678	
QUANTITY	DESCRIPTION		AMOUNT

458

124 098	6 1/2 NMPC CRACK PIN DMT BOX (2) @\$100.00	\$200.00
69 741	6 1/2 GAP SUB DMT BOX	100.00
7 221 4	3/4 OR SUB DMT BOX	90.00

TOTAL \$390.00

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 OCT 28 2010
 KCC WICHITA

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	
PO BOX 970		JOB NUMBER	34H0810458
Skiatook, OK 74070		JOB START	8-23-10 TIME 10:45
		JOB END	8-29-10 TIME 0:20
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.
Krisley 6-BX		Pense 24	
CITY	COUNTY	STATE	
	Montgomery Co.,	KS	
SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE			

ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		HORIZONTAL DRILLING PACKAGE*			6,500.00	7	DAY	\$45,500.00
		<i>Includes 2 supervisors, living expenses, misc. subs, DMCC, Downhole Motors, F-Field System w/Operators,</i>						
		Stand By Charges			4,000.00		day	
		Gamma			500.00		day	
		Computer Services			500.00	1	well	500.00
		Instrumentation Battery Charge			600.00	7	each batt	\$4,200.00
		Motor Inspection			850.00	3	tool	\$2,550.00
		Mileage: Man/Mile Round Trip			2.00	1592	mile	\$3,184.00
		Plate (Sale Item)			650.00	1	each	650.00
		Smart Motor Charge			3,500.00	4	day	\$14,000.00
		LIH insurance (available upon request)			700.00	7	day	\$4,900.00
		Azimuthal Gamma			1,500.00	3	day	\$4,500.00
		INSPECTION - DIS #14222						1110.80
		REPAIR - QUALITY #09513/09504						555.-
		G. LAMP REPAIR #2272/2226						1300.-

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
							\$77,984.80
							STATE SALES TAX
							LOCAL SALES TAX
							TOTAL INVOICE AMT. 80,971.80
34-200-112-1400-				34-201-101-4500-		SDI FIELD REPRESENTATIVE	RECEIVED
34-201-112-23450-				34-204-165-2177.80		<i>[Signature]</i>	OCT 2
34-204-110-20190-						SDI DISTRICT MANAGER	KCC WICITA
34-204-111-10910-						<i>[Signature]</i>	
34-204-114-4900-						DIRECTIONAL COMPANY	
34-204-114-6500-						Scientific Drilling	
34-204-112-11000-							

DISTRICT



Scientific Drilling Scientific Drilling International, Inc.

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

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

INVOICE

Subject to terms and conditions on reverse.

205034

RECEIVED

SEP 29 2010

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

By

363887

9/24/2010

Page: 1

Customer Order No. PENSE 24 MONTGOMERY CO, KS
Location or Shipped To KNISLEY 6-8X
Well Name and No.

Work Order No. 142311
Job No. 34H0810458

DESCRIPTION	UNIT PRICE	QUANTITY	AMOUNT
HORZ-DRILLING-PKG-SVCS	\$6,500.00	7.00	\$45,500.00
COMPUTER SVCS	\$500.00	1.00	\$500.00
INSTRUMENTATION BATTERY	\$600.00	7.00	\$4,200.00
MOTOR INSPECTION	\$850.00	3.00	\$2,550.00
R/T PERSONNEL MILEAGE	\$2.00	1,592.00	\$3,184.00
FLOAT (SALE ITEM)	\$650.00	1.00	\$650.00
SMART MOTOR	\$3,500.00	4.00	\$14,000.00
LIH INSURANCE	\$700.00	7.00	\$4,900.00
AZMUTHAL GAMMA SVCS	\$1,500.00	3.00	\$4,500.00
DIS #14222	\$1,112.80	1.00	\$1,112.80
QUALITY #29513, #29508	\$555.00	1.00	\$555.00
G LAMPRECHT #2272, #2226	\$1,320.00	1.00	\$1,320.00
Subtotal			\$82,971.80
Misc			\$0.00
Tax			\$0.00
Credits			\$0.00
Total			\$82,971.80

MAILED TO
OCT 4 - 2010
ACCOUNTING

Account #	Property	Amount	AFE	SV
1927204	150142	82971.80	44101733	9/10
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

VENDOR # 10939
NSE 986 CEP 976 MCOS 985 IMMEDIATE OVERNITE

Reviewed by *[Signature]*
Approved by *[Signature]*

Date Paid **RECEIVED**
Check No. **OCT 28 2010**
KCC WICHITA

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

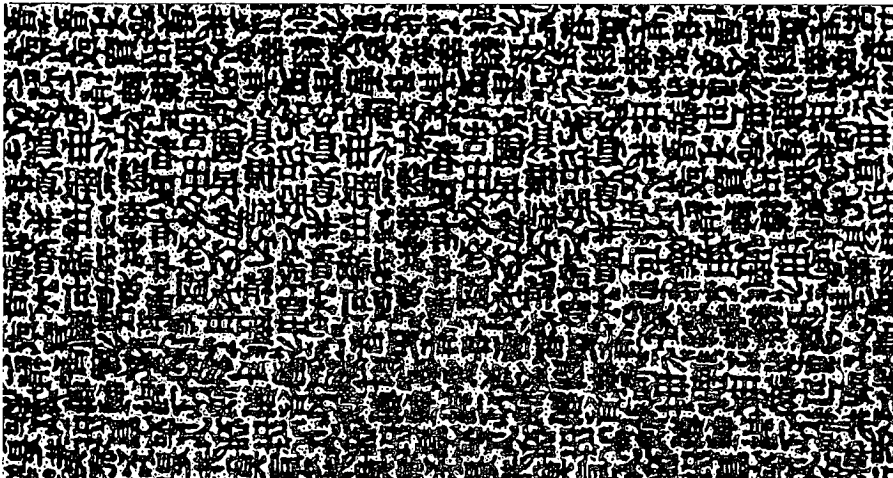
WORK ORDER _____
PAGE _____ OF _____

142311

CUSTOMER NAME & BILLING ADDRESS:		SDI CUSTOMER :	CUSTOMER P.O. / AFE
CEP Mid-Continent LLC		205034	JOB NUMBER 34H0810458
PO BOX 970		JOB START 8-23-10 TIME 10:45	
Skiatook, OK 74070		JOB END 8-29-10 TIME 0:200	
CUSTOMER WELL NAME & NUMBER Knisley 6-8X		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			

ACCT CODE	SERIAL #	SERVICE OR EQUIPMENT DESCRIPTION	DATE OUT	DATE IN	PRICE	QUANTITY	UNIT	TOTAL
		HORIZONTAL DRILLING PACKAGE®			6,500.00	7	DAY	\$45,500.00
		<i>Includes 2 Supervisors, Living Expenses, Misc. Subs, NMDC Downhole Motors, E-Field System w/Operators,</i>						
		Stand By Charges			4,000.00		day	
		Gamma			500.00		day	
		Computer Services			500.00	1	well	500.00
		Instrumentation Battery Charge			600.00	7	each batt	\$4200.00
		Motor Inspection			850.00	3	tool	\$2550.00
		Mileage: Man/Mile Round Trip			2.00	1592	mile	\$3184.00
		Floats (Sale Item)			650.00	1	each	650.00
		Smart Motor Charge			3,500.00	4	day	\$14000.00
		LIH insurance (available upon request) 700.00				7	day	\$4900.00
		Azmuthal Gamma			1,500.00	3	day	\$4500.00
		INSPECTION-DIS#14222						1112.80
		REPAIR-QUALITY# 29513/29508						555.-
		G.LAMPRECHT# 2272/2226						1320.-

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



TAX CODE	SUB-TOTAL	\$79,984.00
	STATE SALES TAX	
	LOCAL SALES TAX	
	TOTAL INVOICE AMT.	82971.80

SDI FIELD REPRESENTATIVE
Donald Sh
SDI DISTRICT MANAGER
Donald Sh

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DIRECTIONAL COMPANY
Scientific Drilling

OCT 28 2010
KCC WICHITA



Scientific Drilling
International, Inc.

421 South Eagle Lane
Oklahoma City, OK 73128

DRILLING MOTOR RENTAL SUMMARY

No. _____

CUSTOMER CFP Mid-Continent
WELL NAME & NO. Kullsey 6-8X
LOCATION Montgomery Co. KS

DATE 8-29-2010
SDI JOB NO. 3440810458
SDI W.O. NO. 142311

RENTAL OF	TOOL NO.	DATE(S) RUN	DEPTH IN	DEPTH OUT	TOTAL HOURS IN HOLE	DRLG. AND CIRC. HOURS	CHARGES
6 1/4 4.8 7.8 adv 2.75	62036	8-23-8-24 8-25-8-26	647 1124	1029 1212	15.5	32.33	850.00
6 1/4 7.8 4.8 adv 1.75	62005	8-25-10	1029	1124	9.75	7.66	850.00
Smart motor 1.5 7.8 2.2	4253		1212	1782	12.33		
Smart motor 1.5 7.8 2.2	4253	8-26-8-29	1212 1258	1782 2041	72.33	60.15	
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 120.14

TYPE OF DRILLING FLUID 15000 Fresh Water w/ 1.0 Polymer Sweep

THIS IS NOT AN INVOICE

COMMENTS _____

SIGNED BY [Signature]
SDI REPRESENTATIVE

AUTHORIZED BY [Signature]
CUSTOMER REPRESENTATIVE

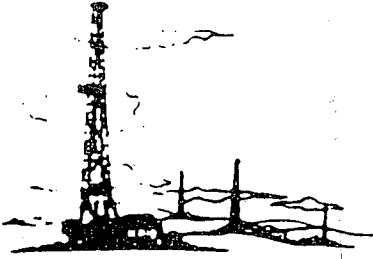
RECEIVED
OCT 28 2010
KCC WICHITA

DRILTECH

Inspection Services

INVOICE 10021

1501 N. Euzella Terrace
Mustang, OK 73064
(405) 650-9104



Date 8-30-2010

CHARGE TO Sundance Drilling

Rig _____

ADDRESS _____

Location OKC

CITY _____

Customer Norman

RECEIVED BY Unit # 101

Job # 458

SIZE	CONNECTION	DESCRIPTION	UNIT PRICE	AMOUNT
		Dye Pen Inspection		
2	4	Drill Collar w/3/2 TF	4435 ⁰⁰	17740
2	4	Drill Collar w/4/2XH	4435 ⁰⁰	17740
1	2	C99D w/3/2 TF	8879	8879
1	2	C99D w/4/2XH	8879	8879
1	2	Rup IT w/4/2XH	8879	8879
1	2	Polym Drill Collar w/3/2 TF	4435 ⁰⁰	8879
1	2	Rup IT Upsets	2235 ⁰⁰	4470
		Magnetic Particle Insp		
1	2	X-0000 w/4/2XH X 3/2 TF	2235 ⁰⁰	4470
1	2	Connector w/4/2XH	4470	4470
1	2	Connector w/3/2 TF	4470	4470
2	2	Lift Sub w/3/2 TF	4470	4470
2	2	Lift Sub w/4/2XH	2235 ⁰⁰	4470
		Refrigerant		
	4	Refrigerant	15 ⁰⁰	607
	5	Refrigerant	15 ⁰⁰	757
		TOTAL		111289 ⁰⁰

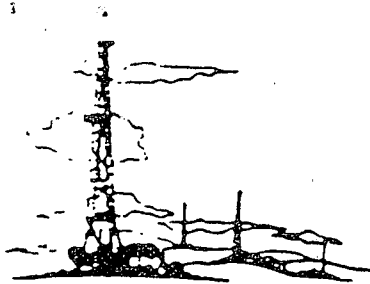
Received the above service or materials and we hereby agree that DRILTECH Inspection Services is not liable for damages, injuries or loss of any nature resulting directly or indirectly from their service.

Terms: NET 30 DAYS

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OCT 28 2010

KCC MICHITA



DRILTECH

Inspection Services

INSPECTION REPORT

Date: 8-30-2010

Customer: Scientific

Job # 458

	SERIAL NO.	TYPE	PIN	BOX	COMMENTS
*1	0252	Drill Collar	4 1/2 X H Dmg Thds	4 1/2 X H OK	2 1/4 X 2 7/8
*2	121-038	Drill Collar	3 1/2 IF OK	3 1/2 IF ↑	4 3/4 X 2 3/4
*3	121-140	Drill Collar	3 1/2 IF Cracked	3 1/2 IF ↓	4 1/2 X 2 3/4
*4	67-119	Drill Collar	4 1/2 X H Dmg Thds	4 1/2 X H ↓	6 3/8 X 2 7/8
*5	69-534	C690	3 1/2 IF OK	3 1/2 IF OK	4 1/16 X 2 1/4
*6	69-741	C690	4 1/2 X H OK	4 1/2 X H Dmg Thds	6 1/16 X 2 7/8
*7	124-098	Pup. Jt	4 1/2 X H Cracked	4 1/2 X H Dmg Thds	6 9/16 X 2 7/8
*8	17-127	Long Dr	3 1/2 IF OK	3 1/2 IF OK	4 1/16 X 2 3/4
9	1-551	X-over	4 1/2 X H ↑	3 1/2 IF ↓	6 1/8 X 2 3/8
10	7-365	Oneint	4 1/2 X H ↑	4 1/2 X H OK	6 1/2 X 2 1/4
11	7-221	Oneint	3 1/2 IF ↓	3 1/2 IF Dmg Face	4 3/4 X 2 1/2
12	SDI	L.H. Sub	3 1/2 IF ↓		
13	40-225	L.H. Sub	3 1/2 IF ↓		
14	JNE	L.H. Sub	4 1/2 X H ↓		
15	40-257	L.H. Sub	4 1/2 X H OK		
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 OCT 28 2010
 KCC WICHITA

Quality Machine Services, Inc.

Invoice

8412 SW 8th Street
 Oklahoma City, OK 73128-4228
 Phone (405) 495-4962

Date	Invoice #
9/7/2010	29508

Bill To
SCIENTIFIC DRILLING INTL. 421 S. EAGLE LANE OKLAHOMA CITY, OK 73128

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
1664-458	Net 30		9/7/2010			

Quantity	Item Code	Description	Price Each	Amount
1	0252	6 1/2 NMDC: RECUT 4 1/2 XH NON MAG PIN	109.00	109.00
1	67-119	6 1/2 NMDC: RECUT 4 1/2 XH NON MAG PIN DELIVERY TICKET # 20109	109.00	109.00

Total			\$218.00
--------------	--	--	----------

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OCT 28 2010

KCC WICHITA

Quality Machine Services, Inc.

Invoice

8412 SW 8th Street
 Oklahoma City, OK 73128-4228
 Phone (405) 495-4962

Date	Invoice #
9/7/2010	29513

Bill To
SCIENTIFIC DRILLING INTL. 421 S. EAGLE LANE OKLAHOMA CITY, OK 73128

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
1665-458	Net 30		9/7/2010			

Quantity	Item Code	Description	Price Each	Amount
1	121-140	4 3/4 NMDC: PART OFF AND CUT 3 1/2 IF NON MAG PIN DELIVERY TICKET # 20067	140.00	140.00
	121-140	part OFF CHARGE	197.-	197.-
			Total	337.-

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OCT 28 2010

KCO WICHITA

George Lamprecht

INVOICE

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

DATE: 9/1/2010
INVOICE # 2226

Send payments to:

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

458

DESCRIPTION			AMOUNT
Waybill no's 62675 FROM SCIENTIFIC DRILLING TO KINSLEY 6-8X 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!

RECEIVED
OCT 28 2010
KCC WICHITA

George Lamprecht

INVOICE

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

DATE: 9/1/2010
 INVOICE # 2272

Send payments to:

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

458

DESCRIPTION			AMOUNT
Waybill no's 622706 FROM CONSTELLATION TO KINSLEY 6-8X AFE/WO 142311			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!

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 OCT 28 2010
 KCC WICHITA



Constellation Energy Partners

Montgomery County, KS

Section 6 - 33S - 17E

Knisley 6-8X

Lateral #1 - Riverton

Design: Lateral #1 OH- Riverton

Survey Completion Report

01 September, 2010

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OCT 28 2010

KCC WICHITA



Scientific Drilling



Scientific Drilling International

Survey Completion Report



Company: Constellation Energy Partners
Project: Montgomery County, KS
Site: Section 6 - 33S - 17E
Well: Knisley 6-8X
Wellbore: Lateral #1 - Riverton
Design: Lateral #1 OH- Riverton

Local Co-ordinate Reference: Well Knisley 6-8X
TVD Reference: WELL @ 810.0ft (Original Well Elev)
MD Reference: WELL @ 810.0ft (Original Well Elev)
North Reference: True
Survey Calculation Method: Minimum Curvature
Database: EDMOKC

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OCT 28 2010

KCC WICHITA

Project	Montgomery County, KS		
Map System:	US State Plane 1983	System Datum:	Mean Sea Level
Geo Datum:	North American Datum 1983		
Map Zone:	Kansas Southern Zone		

Site	Section 6 - 33S - 17E				
Site Position:	Northing:	1,518,230.60ft	Latitude:	37° 11' 44.608 N	
From: Map	Easting:	2,160,685.30ft	Longitude:	95° 35' 13.541 W	
Position Uncertainty:	0.0 ft	Slot Radius:	0"	Grid Convergence:	1.79 °

Well	Knisley 6-8X, Lat #1 Riverton, Lat #2 Weir-Pitt					
Well Position	+N/-S	0.0 ft	Northing:	1,518,230.60 ft	Latitude:	37° 11' 44.608 N
	+E/-W	0.0 ft	Easting:	2,160,685.30 ft	Longitude:	95° 35' 13.541 W
Position Uncertainty	0.0 ft	Wellhead Elevation:	810.0 ft	Ground Level:	802.0 ft	

Wellbore	Lateral #1 - Riverton				
Magnetics	Model Name	Sample Date	Declination (°)	Dip Angle (°)	Field Strength (nT)
	IGRF2010	2010/06/03	3.23	65.68	52,262

Design	Lateral #1 OH- Riverton				
Audit Notes:					
Version:	1.0	Phase:	ACTUAL	Tie On Depth:	0.0
Vertical Section:	Depth From (TVD) (ft)	+N/-S (ft)	+E/-W (ft)	Direction (°)	
	0.0	0.0	0.0	70.00	

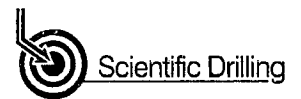
Survey Program	Date:	2010/09/01			
From (ft)	To (ft)	Survey (Wellbore)	Tool Name	Description	
246.0	1,782.0	Survey #1 MWD (Lateral #1 - Riverton)	SDI MWD	Scientific Drilling Intl. MWD - Standard ver 1.0.1	

MD (ft)	Inc (°)	Azi (azimuth) (°)	TVD (ft)	N/S (ft)	EW (ft)	V. Sec (ft)	DLeg (°/100ft)
0.0	0.00	0.00	0.0	0.0	0.0	0.0	0.00
246.0	0.64	115.41	246.0	-0.6	1.2	1.0	0.26
405.0	1.03	142.21	405.0	-2.1	2.9	2.0	0.34
563.0	0.21	33.61	563.0	-3.0	3.9	2.7	0.71
594.0	0.24	56.27	594.0	-2.9	4.0	2.8	0.30
626.0	0.69	21.79	626.0	-2.7	4.2	3.0	1.60
658.0	3.71	58.70	657.9	-2.0	5.1	4.1	9.95
690.0	9.62	66.06	689.7	-0.3	8.4	7.8	18.62
721.0	15.76	65.77	719.9	2.4	14.7	14.6	19.81
753.0	21.21	69.36	750.3	6.3	24.0	24.7	17.39
785.0	27.09	73.13	779.5	10.4	36.5	37.8	18.99
817.0	32.73	73.12	807.2	15.1	51.7	53.7	17.63



Scientific Drilling International

Survey Completion Report



Company: Constellation Energy Partners
Project: Montgomery County, KS
Site: Section 6 - 33S - 17E
Well: Knisley 6-8X
Wellbore: Lateral #1 - Riverton
Design: Lateral #1 OH- Riverton

Local Co-ordinate Reference: Well Knisley 6-8X
TVD Reference: WELL @ 810.0ft (Original Well Elev)
MD Reference: WELL @ 810.0ft (Original Well Elev)
North Reference: True
Survey Calculation Method: Minimum Curvature
Database: EDMOKC

Survey

MD (ft)	Inc (°)	Azi (azimuth) (°)	TVD (ft)	N/S (ft)	E/W (ft)	V. Sec (ft)	DLeg (°/100ft)
849.0	38.47	72.78	833.2	20.5	69.5	72.3	17.95
880.0	43.61	70.41	856.6	27.0	88.8	92.7	17.32
912.0	49.05	67.63	878.7	35.3	110.4	115.8	18.12
944.0	54.96	66.60	898.4	45.1	133.6	141.0	18.64
976.0	60.44	67.37	915.5	55.6	158.5	168.0	17.25
1,008.0	64.97	70.41	930.1	65.9	185.0	196.4	16.48
1,040.0	68.05	71.64	942.9	75.4	212.8	225.7	10.25
1,071.0	70.56	71.24	953.8	84.6	240.3	254.7	8.19
1,103.0	73.08	69.77	963.8	94.8	268.9	285.1	9.00
1,134.0	77.15	69.49	971.8	105.2	297.0	315.1	13.16
1,161.0	81.76	70.04	976.7	114.4	321.9	341.6	17.19
1,193.0	87.81	70.85	979.6	125.1	351.9	373.5	19.07
1,225.0	90.61	71.38	980.1	135.4	382.2	405.5	8.91
1,257.0	90.54	71.25	979.7	145.7	412.5	437.4	0.46
1,289.0	90.54	70.89	979.4	156.0	442.8	469.4	1.12
1,321.0	90.54	70.35	979.1	166.7	473.0	501.4	1.69
1,352.0	90.91	70.39	978.7	177.1	502.2	532.4	1.20
1,384.0	91.75	70.48	978.0	187.8	532.3	564.4	2.64
1,416.0	91.82	70.27	977.0	198.5	562.4	596.4	0.69
1,448.0	91.75	70.09	976.0	209.4	592.5	628.4	0.60
1,480.0	92.25	70.40	974.9	220.2	622.6	660.4	1.84
1,512.0	92.76	70.80	973.5	230.8	652.8	692.3	2.02
1,544.0	93.06	70.82	971.9	241.3	682.9	724.3	0.94
1,575.0	93.33	70.68	970.1	251.5	712.2	755.2	0.98
1,607.0	92.52	70.51	968.5	262.1	742.3	787.2	2.59
1,639.0	92.46	70.24	967.1	272.9	772.4	819.2	0.86
1,671.0	92.96	70.05	965.6	283.7	802.5	851.1	1.67
1,702.0	92.79	69.76	964.1	294.4	831.6	882.1	1.08
1,735.0	92.69	69.39	962.5	305.9	862.5	915.1	1.16
1,782.0	92.55	69.39	960.3	322.4	906.4	962.0	0.30

Lat #1 Riverton 6-8X

Checked By: _____ Approved By: _____ Date: _____

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OCT 28 2010
KCC WICHITA



Constellation Energy Partners

Montgomery County, KS

Section 6 - 33S - 17E

Knisley 6-8X

Lateral #1 ST - Riverton

Survey: Survey #1 ST MWD

Survey Completion Report

01 September, 2010

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OCT 28 2010

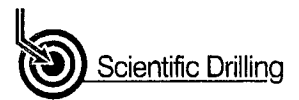
KCC WICHITA





Scientific Drilling International

Survey Completion Report



Company: Constellation Energy Partners
Project: Montgomery County, KS
Site: Section 6 - 33S - 17E
Well: Knisley 6-8X
Wellbore: Lateral #1 ST - Riverton
Design: Lateral #1 ST - Riverton

Local Co-ordinate Reference: Well Knisley 6-8X
TVD Reference: WELL @ 810.0ft (Original Well Elev)
MD Reference: WELL @ 810.0ft (Original Well Elev)
North Reference: True
Survey Calculation Method: Minimum Curvature
Database: EDMOKC

RECEIVED

OCT 28 2010

KCC WICHITA

Project	Montgomery County, KS		
Map System:	US State Plane 1983	System Datum:	Mean Sea Level
Geo Datum:	North American Datum 1983		
Map Zone:	Kansas Southern Zone		

Site	Section 6 - 33S - 17E				
Site Position:		Northing:	1,518,230.60 ft	Latitude:	37° 11' 44.608 N
From:	Map	Easting:	2,160,685.30 ft	Longitude:	95° 35' 13.541 W
Position Uncertainty:	0.0 ft	Slot Radius:	0"	Grid Convergence:	1.79 °

Well	Knisley 6-8X, Lat #1 Riverton, Lat #2 Weir-Pitt					
Well Position	+N/-S	0.0 ft	Northing:	1,518,230.60 ft	Latitude:	37° 11' 44.608 N
	+E/-W	0.0 ft	Easting:	2,160,685.30 ft	Longitude:	95° 35' 13.541 W
Position Uncertainty		0.0 ft	Wellhead Elevation:	810.0 ft	Ground Level:	802.0 ft

Wellbore	Lateral #1 ST - Riverton				
-----------------	--------------------------	--	--	--	--

Magnetics	Model Name	Sample Date	Declination (°)	Dip Angle (°)	Field Strength (nT)
	IGRF2010	2010/09/01	3.20	65.67	52,234

Design	Lateral #1 ST - Riverton				
---------------	--------------------------	--	--	--	--

Audit Notes:					
Version:	1.0	Phase:	ACTUAL	Tie On Depth:	1,257.0

Vertical Section:	Depth From (TVD) (ft)	+N/-S (ft)	+E/-W (ft)	Direction (°)
	0.0	0.0	0.0	70.00

Survey Program	Date 2010/09/01				
-----------------------	-----------------	--	--	--	--

From (ft)	To (ft)	Survey (Wellbore)	Tool Name	Description
246.0	1,257.0	Survey #1 MWD (Lateral #1 - Riverton)	SDI MWD	Scientific Drilling Intl. MWD - Standard ver 1.0.1
1,289.0	2,044.0	Survey #1 ST MWD (Lateral #1 ST - River	SDI MWD	Scientific Drilling Intl. MWD - Standard ver 1.0.1

Survey									
---------------	--	--	--	--	--	--	--	--	--

MD (ft)	Inc (°)	Azi (azimuth) (°)		TVD (ft)	N/S (ft)	E/W (ft)	V. Sec (ft)	DLeg (°/100ft)
1,257.0	90.54	71.25		979.7	145.7	412.5	437.4	0.00
1,289.0	89.02	71.45		979.9	155.9	442.8	469.4	4.79
1,321.0	86.87	70.98		981.0	166.2	473.1	501.4	6.88
1,352.0	87.34	70.37		982.6	176.4	502.3	532.4	2.48
1,384.0	89.26	69.82		983.5	187.3	532.4	564.3	6.24
1,416.0	89.73	69.71		983.8	198.4	562.4	596.3	1.51
1,448.0	89.93	69.63		983.9	209.5	592.4	628.3	0.67
1,480.0	90.34	69.78		983.8	220.6	622.4	660.3	1.36
1,512.0	90.91	69.56		983.5	231.7	652.4	692.3	1.91
1,544.0	90.54	69.66		983.1	242.9	682.4	724.3	1.20
1,575.0	90.61	69.75		982.8	253.6	711.5	755.3	0.37



Scientific Drilling International

Survey Completion Report



Company: Constellation Energy Partners
Project: Montgomery County, KS
Site: Section 6 - 33S - 17E
Well: Knisley 6-8X
Wellbore: Lateral #1 ST - Riverton
Design: Lateral #1 ST - Riverton

Local Co-ordinate Reference: Well Knisley 6-8X
TVD Reference: WELL @ 810.0ft (Original Well Elev)
MD Reference: WELL @ 810.0ft (Original Well Elev)
North Reference: True
Survey Calculation Method: Minimum Curvature
Database: EDMOKC

MD (ft)	Inc (°)	Azi (azimuth) (°)	TVD (ft)	N/S (ft)	E/W (ft)	V. Sec (ft)	DLeg (°/100ft)
1,607.0	91.25	69.62	982.2	264.7	741.5	787.3	2.04
1,639.0	91.92	69.45	981.4	275.9	771.5	819.3	2.16
1,671.0	91.85	69.23	980.3	287.2	801.4	851.3	0.72
1,702.0	89.56	69.32	979.9	298.2	830.4	882.3	7.39
1,735.0	88.39	68.75	980.5	310.0	861.2	915.3	3.94
1,766.0	88.49	68.37	981.4	321.3	890.0	946.3	1.27
1,798.0	88.59	68.28	982.2	333.1	919.8	978.2	0.42
1,830.0	88.65	68.11	982.9	345.0	949.5	1,010.2	0.56
1,861.0	88.59	67.72	983.7	356.7	978.2	1,041.2	1.27
1,893.0	88.59	67.38	984.5	368.9	1,007.8	1,073.1	1.06
1,925.0	88.45	67.13	985.3	381.2	1,037.3	1,105.1	0.90
1,957.0	88.35	66.68	986.2	393.8	1,066.7	1,137.0	1.44
1,988.0	88.72	66.73	987.0	406.0	1,095.1	1,168.0	1.20
1,997.0	88.59	66.77	987.2	409.6	1,103.4	1,177.0	1.51
2,044.0	89.12	66.77	988.1	428.1	1,146.6	1,223.9	1.13

Checked By: _____ Approved By: _____ Date: _____

RECEIVED
 OCT 28 2010
 KCC WICHITA



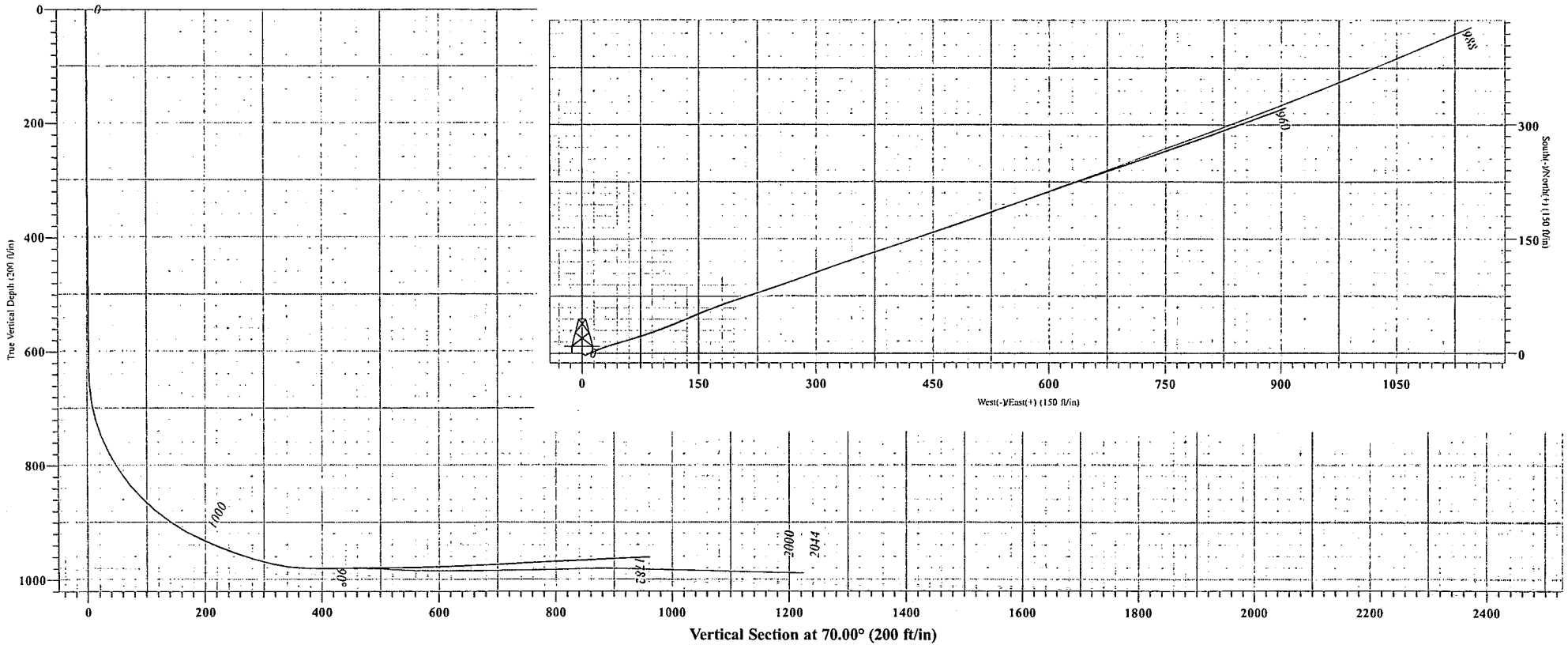
Constellation Energy Partners

Field: Montgomery County, KS
 Site: Section 6 - 33S - 17E
 Well: Knisley 6-8X
 Wellpath: Lateral #1 ST - Riverton
 Plan: Lateral #1 ST - Riverton



Azinuths to True North
 Magnetic North: 3.20°

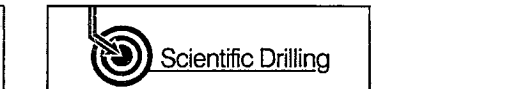
Magnetic Field
 Strength: 52233.75nT
 Dip Angle: 65.67°
 Date: 09/01/2010
 Model: IGRF2010



Vertical Section Azimuth
 70.00

Original Hole
 Bottom Hole from Surface:
 960.3' TVD 322.4' N & 906.4' E
 1782' MD 962' VS @ 70.0 Azimuth

Sidetrack
 Bottom Hole from Surface:
 988.1' TVD 428.1' N & 1146.6' E
 2044.0' MD 1223.9' VS @ 70.0 Az.



N/S		E/W		Northing		Easting		Latitude		Longitude		Sho
0.0	0.0	1518210.00	2160685.30	37° 11' 44.608 N	95° 35' 13.541 W							

Survey: Survey #1 ST MWD (Knisley 6-8X/Lateral #1 ST - Riverton)
 Created By: Genie Lightfoot Date: 11:14, September 01 2010

RECEIVED

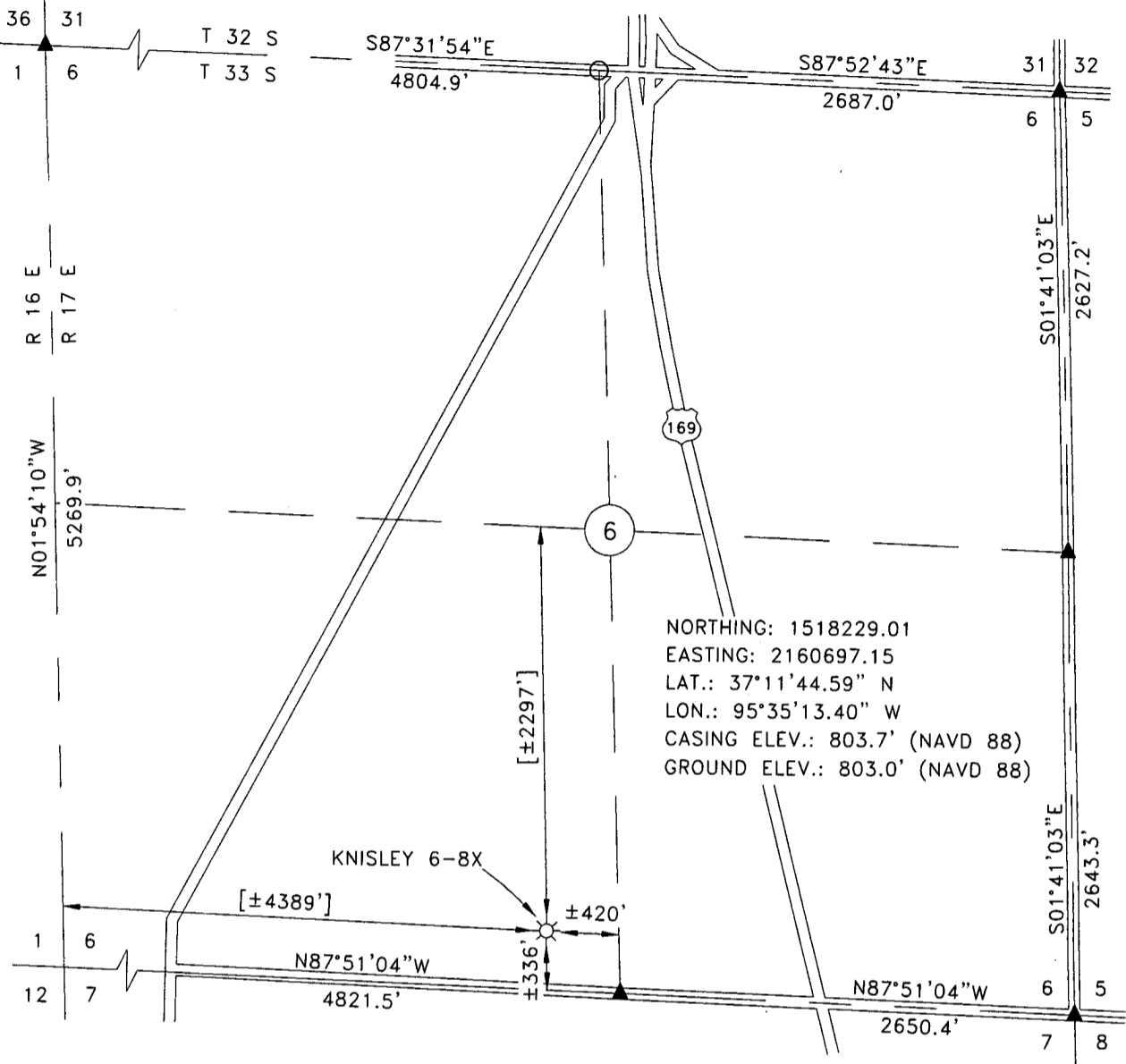
OCT 28 2010

KCC WICHITA

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

BASIS OF BEARINGS: KANSAS STATE PLANE
GPS - SOUTH ZONE NAD 83

PLAT NORTH



SCALE: 1"=1000' DATE SURVEYED: 9/1/10
 OPERATOR: CONSTELLATION ENERGY
 LEASE NAME: KNISLEY WELL NO.: 6-8X
 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 NewEnergy
 CONSTELLATION MID-CONTINENT L.L.C.
 15 WEST 6TH STREET,
 SUITE 1100
 TULSA, OK 74119

Gateway Services Group
 PO BOX 960, 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 6-8X
 SECTION 6,
 T 33 S - R 17 E, 6TH P.M.,
 MONTGOMERY COUNTY, KANSAS

DRAWN BY: BAL	DATE: 9-3-10	SCALE: 1"=1000'	CH: LFG
DWG. No.: 10-0662-001		AFE#:	
REV.	DESCRIPTION	DWN.	DATE



Lindy F. Glenn 9/3/2010
 LINDY F. GLENN DATE
 KANSAS L.P.S. NO.: 1244