

Operator Name: Quito, Inc Lease Name: SOLOMON Well #: M-1
 Sec. 18 Twp. 35 S. R. 12 East West County: CHAUTAUGUA

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 (Attach Additional Sheets) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, Submit Copy) List All E. Logs Run: <u>NONE</u>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
	10"	8 5/6	15#	47'	PORTLAND	10	NONE
	6 3/4	4 1/2	10.5	1940'	PORTLAND	275	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	N/A			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	9 SHOTS 1882-1886	8000# SAND	1882-1886
2	20 SHOTS 1889-1899	500 GAL 15% Hcn	

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TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>1800'</u> Packer At:		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>12-30-2010</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>0</u>	Gas Mcf <u>20,000</u>	Water Bbls. <u>300</u> Bbls. <u>N/A</u> Gravity <u>N/A</u>

DISPOSITION OF GAS: <input checked="" type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>1882-1886</u>
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Eagle's Tank Truck Service
806 W. Frank Phillips Blvd
Bartlesville, OK 74003
Ph. 918-336-3275

Solomon M-1
Crosson Holdings
Daily Trip Sheet
Bill of Lading

concrete water
U.S. Dot #863733
MC-563205-C
OCC PIN 123212
Deleterious No. 03616

DATE 10-20-10

CONSIGNEE TO _____ PHONE _____

CUSTOMER MCCann Resources CUSTOMER P.O. _____

ORIGIN Bartlesville OK DESTINATION _____

DIRECTIONS _____ LOCATION INFO _____

JOB 4 Hr 380.00 QUANTITY 110 BBL water

KS M-IN: water KS M-OUT: 67.00 TIME IN: _____ TIME OUT: _____

CUSTOMER _____ CUSTOMER P.O. _____

ORIGIN _____ DESTINATION _____

DIRECTIONS pd ch# 3151 LOCATION INFO _____

JOB _____ QUANTITY _____

KS M-IN: _____ KS M-OUT: Dec 29/10 TIME IN: _____ TIME OUT: _____

CUSTOMER _____ CUSTOMER P.O. _____

ORIGIN _____ DESTINATION _____

DIRECTIONS _____ LOCATION INFO _____

JOB _____ QUANTITY _____

KS M-IN: _____ KS M-OUT: _____ TIME IN: _____ TIME OUT: _____

CUSTOMER _____ CUSTOMER P.O. _____

ORIGIN _____ DESTINATION _____

DIRECTIONS _____ LOCATION INFO _____

JOB _____ QUANTITY _____

KS M-IN: _____ KS M-OUT: _____ TIME IN: _____ TIME OUT: _____

TOTAL KS M: _____ TOTAL OK M: _____ TOTAL BILLABLE HOURS: _____

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