

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32967
Name: leslie Wolfe
Address 1: 208 Stephens Street
Address 2: _____
City: Peru State: ks Zip: 67360 + _____
Contact Person: Leslie Wolfe
Phone: (620) 330-3382
CONTRACTOR: License # 5831
Name: MOKAT
Wellsite Geologist: _____
Purchaser: COFFEYVILLE RESOURECES

Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover _____
 Oil _____ SWD _____ SLOW _____
_____ Gas _____ ENHR _____ SIGW _____
_____ CM (Coal Bed Methane) _____ Temp. Abd. _____
_____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
_____ Deepening _____ Re-perf. _____ Conv. to Enhr. _____ Conv. to SWD _____
_____ Plug Back: _____ Plug Back Total Depth _____
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
8/13/09 8/14/09 8/28/09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

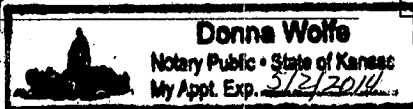
API No. 15 - 049-22533-00-00
Spot Description: NE/SE/SW
NE SE SW Sec. 35 Twp. 29 S. R. 12 East West
1980 1950 Feet from North / South Line of Section
825 825 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: ELK
Lease Name: THOMAS Well #: 1
Field Name: LONGTON NORTH
Producing Formation: LAYTON
Elevation: Ground: 1078EST Kelly Bushing: _____
Total Depth: 930 Plug Back Total Depth: 930
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 910
feet depth to: SURFACE w/ 125 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: AIR DRY
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Leslie Wolfe
Title: Owner Date: 4-29-10
Subscribed and sworn to before me this 29 day of April
20 10
Notary Public: Donna Wolfe
Date Commission Expires: 5/2/2011



KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
_____ Geologist Report Received
_____ UIC Distribution
RECEIVED
MAY 03 2010
KCC WICHITA

Operator Name: leslie Wolfe Lease Name: THOMAS Well #: 1
 Sec. 35 Twp. 29 S. R. 12 East West County: ELK

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: GAMRON NEUTRON	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum LAYTON 822
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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
SURFACE		8 5/5		40	PORTLAND	8	
PRODUCTION	6 3/4	4 1/2	10 LBS	910	50/50 PAUSE	125	

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

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
33	822 - 838	FRACTURE	822/838

TUBING RECORD:	Size: <u>2 3/8</u>	Set At: <u>815</u>	Packer At: <u>NO</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	KCC WICHITA
Date of First, Resumed Production, SWD or Enhr. <u>9-20-09</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>1</u>	Gas Mcf	Water Bbls. <u>20</u>	Gas-Oil Ratio	Gravity <u>31.4</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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API No.

OCC/OCC Operator No.

CEMENTING REPORT
To Accompany Completion Report

Form 1002C
Rev. 1993

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 82050-2000
Oklahoma City, Oklahoma 73152-2000
OAC 165:10-3-4(h)

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

Field Name _____

Operator Les Wolfe

Well Name/No. Thomas #1

Location 1/4 1/4 1/4 1/4 Sec 35 Twp 29S Rge 12E

County EIK

OCC District _____

OCC/OCC Operator No. _____

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					8-20-07	
Size of Drill Bit (Inches)					6 3/4	
Estimated % wash or hole enlargement used in calculations					30%	
Size of Casing (Inches O.D.)					4 1/2	
Top of Liner, (if liner used) (ft.)						
Setting Depth of Casing (ft.) (from ground level)						
Type of Cement (API Class)					9 1/2'	
In first (lead) or only slurry					class A	
In second slurry						
In third slurry						
Sacks of Cement Used					125	
In first (lead) or only slurry						
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft) (14X15)					157.5 cu ft	
In first (lead) or only slurry						
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft.)					Surface	
Cement left in pipe (ft.)					0	

Amount of Surface Casing Required (from Form 1000) _____ ft.

Was cement circulated to Ground Surface? Yes No

Was Cement Bond Log run? Yes No (If so, Attach Copy)

Was Central Sealing Tool (CV Tool) used? Yes No

If Yes, at what depth? _____ ft.

CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

* Designates items to be completed by Operator.
Items not so designated shall be completed by the Cementing Company.

Remarks

Remarks

CEMENTING COMPANY

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.

Mark Sanders

Signature of Cementer or Authorized Representative

OPERATOR

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.

Signature of Operator or Authorized Representative

Name & Title Printed or Typed
Mark Sanders Supervisor
 Cementing Company
CONSOLIDATED OIL WELL SERVICES, INC.
 Address
 P.O. BOX 1453
 City
 BARTLESVILLE
 State Oklahoma Zip 74005
 Telephone (AC) Number
 918-338-0808 (FAX) 918-338-2210
 Date

*Name & Title Printed or Typed
 *Operator
 *Address
 *City
 *State *Zip
 *Telephone (AC) Number
 *Date

INSTRUCTIONS

1. A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.
 B) An original of this form shall be filed as an attachment to the Completion Report, (Form 1002A), for each cementing company used on a well.
 C) The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
2. Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h).
4. IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.