

ORIGINAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 8501

Name: Hardin Oil

Address 1: 124 Oak Lane

Address 2: _____

City: Caney State: KS Zip: 67333

Contact Person: Jim Hardin

Phone: (620) 879-5634

CONTRACTOR: License # 5831

Name: M.O.K.A.T

Wellsite Geologist: Jim HARDIN

Purchaser: Coffeyville Resources

Designate Type of Completion:

New Well Re-Entry Workover

Oil SWD SIOW

Gas ENHR SIGW

CM (Coal Bed Methane) Temp. Abd.

Dry Other _____

(Core, WSW, Expl., Cathodic, etc.)

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

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to Enhr. Conv. to SWD

Plug Back: _____ Plug Back Total Depth _____

Commingled Docket No.: _____

Dual Completion Docket No.: _____

Other (SWD or Enhr.?) Docket No.: _____

2-7-11 2-12-11 2-25-11

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 125-32046-00-00

Spot Description: _____

W2 NW - NW NE Sec. 20 Twp. 34 S. R. 14 East West

330 Feet from North / South Line of Section

2470 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Montgomery

Lease Name: Dancer Well #: Wiser 4

Field Name: Wayside-Havana

Producing Formation: Bartlesville

Elevation: Ground: 809 Kelly Bushing: _____

Total Depth 1310 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 20 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1310

feet depth to: top of earth 160 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 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: [Signature]

Title: owner Date: 8-11-11

Subscribed and sworn to before me this 11th day of August

20 11

Notary Public: [Signature]

Date Commission Expires: June 14, 2013

CONNIE L. KIRKPATRICK
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 06/14/2013

KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Alt 2 - Dig - 10/4/11

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Operator Name: Hardin Oil Lease Name: Dancer Well #: Weiser 4
 Sec. 20 Twp. 34 R. 14 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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Oswego</u>	<u>962</u>
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			

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	12 1/4	7"	19	20	1	10	
Production	6"	27/8	6.5	1310	50/50	160	

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
2	20shots 1270-1280	500lbs. 20/40 4500 lbs.	12/20

TUBING RECORD: <u>1"</u>	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>5-20-11</u>	Producing Method: <input checked="" 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>12</u>	Gas Mcf <u>5</u>	Water Bbls. <u>5</u>	Gas-Oil Ratio <u>31.5</u> Gravity

DISPOSITION OF GAS: <input checked="" type="checkbox"/> Vented <input 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 <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: RECEIVED
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 30244

LOCATION Eureka KS

FOREMAN Rick Ledford

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-21-11	3456	Wiser #4				MG
CUSTOMER	Hardin Oil Co.		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			520	Shannon		
			479	Allen B.		
			436	Chris		
CITY	STATE	ZIP CODE				
Caney	KS	67333				

JOB TYPE logstring HOLE SIZE _____ HOLE DEPTH 1315' CASING SIZE & WEIGHT _____
 CASING DEPTH 1314' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 13.2* SLURRY VOL 43 bbl WATER gal/sk 8° CEMENT LEFT in CASING 0'
 DISPLACEMENT 7.4 bbl DISPLACEMENT PSI 666 MAX PSI 1100 bump ptg RATE _____

REMARKS: Safety meeting. Rig up to 2 7/8" tubing. Break circulation w/ 10 Gal fresh water. Wash down 5' to PBTD. Pump 8 sks gel-flush, 20 bbl fresh water spacer. 3 Bbl dye water. Mixed 150 sks thickset cement w/ 1/4" floccle/sk @ 13.2*/gal. shut down, washout pump & lines. drop 2 plugs. Displace w/ 7.6 bbl fresh water. final pump pressure 1000 PSI. Pump plugs to 1100 PSI. Shut well in @ 500 PSI. Had good dye water back 2 surface but no cement to surface. Job complete. Rig down.

'Thank You'

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
			975.00	975.00
5401	1	PUMP CHARGE	4.00	160.00
5406	40	MILEAGE		
11205	150 sks	thickset cement	18.30	2745.00
1122	40"	1/4" floccle/sk	2.22	88.80
1112	400"	gel-flush	20	80.00
5407A	8.25	tax mileage bulk tax	1.26	415.80
5502C	3 hrs	80 Bbl VAC. TEL	90.00	270.00
1123	5500	city water	15.00/1000	85.80
4462	2	2 7/8" top rubber plugs	28.00	56.00
Total - \$ 5068.91 - 10% = 506.89 pd \$ 4562.02 Check # 1109				
			Subtotal	4876.40
			SALES TAX	192.51
			ESTIMATED TOTAL	5068.91

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Ravin 3737

AUTHORIZATION [Signature] TITLE OWNER 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 Field Services, LLC

ENTERED

TICKET NUMBER 31592
LOCATION Eureka, KS
FOREMAN Shannon Feick

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-9676

FIELD TICKET & TREATMENT REPORT
CEMENT AP2 # N/A

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-21-11	3456	Wiser #4	N/A	N/A	N/A	Montgomery
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Hardin, Oil			445	Dave G		
MAILING ADDRESS			611	Chris B		
Rt 1 Box 305 A						
CITY	STATE	ZIP CODE				
Caney	KS	67333				

JOB TYPE 1" Top outside HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 1" OTHER _____
 SLURRY WEIGHT 13'-13.6" SLURRY VOL 6 Bbl WATER gal/sk 60° CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____
 REMARKS: Rig up to 1" Tubing set @ 80' Break circulation & mixed 25 SKS 60/40 Pozmix cement. Good circulation with 2 to 3 Bbl to pit. Keep hole full. Job complete.

"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5609	2 Hours	PUMP CHARGE	200.00/HR	400.00
5406	Ø	MILEAGE in Field	N/C	N/C
1131	25 SKS	60/40 Pozmix cement	11.95	298.75
5407	in Field	Ton mileage bulk truck	N/C	N/C
			Sub total	698.75
			6.3% SALES TAX	18.82
			ESTIMATED TOTAL	717.57

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OCT 03 2011

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Rev'n 3737

244112

AUTHORIZATION [Signature] 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.