

OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
 WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

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

OPERATOR: License # 5953
 Name: A.R.&R. Ltd
 Address 1: 6213 Sawgrass Pl.
 Address 2: _____
 City: Bartlesville State: OK Zip: 74006 + _____
 Contact Person: Andy Park
 Phone: (620) 252-5009
 CONTRACTOR: License # 5831
 Name: MOCAT Drilling M.O.K.A.T
 Wellsite Geologist: Andy Park
 Purchaser: Pacer

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.): _____

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

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW

Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>3-4-11</u>	<u>3-7-11</u>	<u>3-24-11</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-32050-00-00

Spot Description: _____
nw ne se ne Sec. 30 Twp. 34 S. R. 14 East West
3668 Feet from North / South Line of Section
416 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Montgomery
 Lease Name: Kincaid Well #: 4 Weiser
 Field Name: Havana/Wayside
 Producing Formation: Mississippi Dolomite/Burgess
 Elevation: Ground: 830 Kelly Bushing: _____
 Total Depth: 1615 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 22 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: _____
 feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls
 Dewatering method used: let dry

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: Andy Park
agent 10-17-11

KCC Office Use ONLY

Letter of Confidentiality Received **RECEIVED**
 Date: _____
 Confidential Release Date: OCT 21 2011
 Wireline Log Received
 Geologist Report Received **KCC WICHITA**
 UIC Distribution
A14 Z - Dlg - 10/21/11

Operator Name: A.R.&R. Ltd Lease Name: Kincaid Well #: 4 Weiser
 Sec. 30 Twp 34 S. 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 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:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Oswego</td> <td>1038</td> <td></td> </tr> <tr> <td>Burgess</td> <td>1520</td> <td></td> </tr> <tr> <td>Miss. Dolomite</td> <td>1529</td> <td></td> </tr> <tr> <td>Miss Lime</td> <td>1615</td> <td></td> </tr> </table>	Name	Top	Datum	Oswego	1038		Burgess	1520		Miss. Dolomite	1529		Miss Lime	1615	
Name	Top	Datum														
Oswego	1038															
Burgess	1520															
Miss. Dolomite	1529															
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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	12"	8 5/8	new	22	portland	4	
production	6 3/4"	4 1/2"	new	1593	portland	180	

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 (Amount and Kind of Material Used)	Depth
2	1549-1553	100 gal hcl spotted	

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OCT 21 2011

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>perms</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	KCC WICHITA
Date of First, Resumed Production, SWD or ENHR. _____		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>trace</u>	Gas Mcf <u>0</u>	Water Bbls. <u>200</u>
Gas-Oil Ratio _____		Gravity _____	

DISPOSITION OF GAS: <input 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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>1549-1533</u>
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 29659

LOCATION Beaksville

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
3-10-11		Kincaid 4 well	30	34S	14E	McA
CUSTOMER <u>Sprockens</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			492	Tim		
CITY			551	Jack		
STATE			<u>Shelby T.P.</u>			
ZIP CODE						

JOB TYPE h.s. HOLE SIZE 6 3/4 HOLE DEPTH 1616 CASING SIZE & WEIGHT 4 1/2 10.5#
 CASING DEPTH 1593 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.7 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 24.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Added hole up to surface thru down morning. Filled casing established
circulation. Rose 180 lbs 6% gel 140 lbs. Shut down well to
behind plug. Dropped plug to bottom. Plug landed
and held.
— Cement Circulated to Surface —

Handwritten signatures and initials
 V. J. ...
 M. ...

- 3 hrs Transport
- 3 hrs Misc. Pump

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	30	MILEAGE		120.00
5407	1	bulk cement		330.00
5402	15.93	footage		334.53
5501c	6 hrs	transport		672.00
5609	3 hrs	Misc. Pump		600.00
1104	180 sls	Class A		2565.00
1107A	30 #	Phono		97.60
1118b	2100 #	Gel		420.00
1123	9240 gal	City Water		144.14
4404	1	4 1/2 Plug		42.00
		10% discount if used in 30 days = 650.62		
		<u>5855.58</u>		

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KCC WICHITA

SALES TAX 205.93
ESTIMATED TOTAL 6506.20
AUTHORIZATION Andy Paul 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.