

ORIGINAL

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

OPERATOR: License # 5429
 Name: Hayes Oil & Gas LLC
 Address 1: PO Box 108
 Address 2: 1081 West Highway 160
 City: Attica State: KS Zip: 67009 + 0108
 Contact Person: Shayne Hayes
 Phone: (620) 254-7204 or 620-886-0812
 CONTRACTOR: License # 33902
 Name: Hardt Drilling
 Wellsite Geologist: Tim Pierce
 Purchaser: Kansas Gas Service CP Energy (oil)

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 #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
09/15/2011	09/22/2011	10/18/2011

API No. 15 - 007-23747-00-00
 Spot Description: _____
SW NE NE Sec. 24 Twp. 32 S. R. 10 East West
990 Feet from North / South Line of Section
990 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Barber
 Lease Name: R.McDaniel Well #: 2B
 Field Name: Sharon

Producing Formation: Mississippi
 Elevation: Ground: 1432 Kelly Bushing: 1442
 Total Depth: 4700 Plug Back Total Depth: 4685
 Amount of Surface Pipe Set and Cemented at: 269 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: 320 bbls
 Dewatering method used: haul free liquid off reserve
 Location of fluid disposal if hauled offsite: _____
 Operator Name: Wildcat Oil & Gas LLC
 Lease Name: Dickson #2 License #: 31337
 Quarter SW Sec. 8 Twp. 31 S. R. 8 West
 County: Harper Permit #: E-05673

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DEC 19 2011

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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: Shayne A. Hayes
 Title: Production Foreman Date: 12/18/11

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: [Signature] Date: 12/21/11

Operator Name: Hayes Oil & Gas LLC Lease Name: R.McDaniel Well #: 2B
 Sec. 24 Twp. 32 S. R. 10 East West County: Barber

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 <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 border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Top</th> <th>Datum</th> </tr> </thead> <tbody> <tr> <td>Heebner</td> <td>3379</td> <td>-1937</td> </tr> <tr> <td>Lansing</td> <td>3619</td> <td>-2177</td> </tr> <tr> <td>Starkshale</td> <td>4061</td> <td>-2177</td> </tr> <tr> <td>Cherokee Shale</td> <td>4287</td> <td>-2845</td> </tr> <tr> <td>Mississippian</td> <td>4328</td> <td>-2886</td> </tr> </tbody> </table>	Name	Top	Datum	Heebner	3379	-1937	Lansing	3619	-2177	Starkshale	4061	-2177	Cherokee Shale	4287	-2845	Mississippian	4328	-2886
Name	Top	Datum																	
Heebner	3379	-1937																	
Lansing	3619	-2177																	
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Cherokee Shale	4287	-2845																	
Mississippian	4328	-2886																	

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 1/4	8 5/8"	2.3#	269'	60/40 Poz.	225	2% gel - 3%cc
Production	7 7/8"	5 1/2"	15.5#	4685'	60/40-6 Asc	25	
						150	5% Kol-seal

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
4	4340 - 54'		4340-54
4	4355 - 63'	1350 gal 10% HCL	4355-63
		10/11/11 Basic Energy Gel Frac 5000# 100 mesh, 32000#	
		12-20, 4000# 16-30 Resin coated sand 900 bbls	

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>4436'</u> Packer At:		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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.	Gas Mcf
		Water Bbls.
		Gas-Oil Ratio
		Gravity

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Allied Cementing

Hayes Oil & Gas
R McDaniel 'B' #2
SW NE NE Sec. 24-32S-10W
Barber County, KS
RTD 4700' LTD 4700'

110jts (4675.06') 5-1/2" 15.5# casing

4675.06 - 42.79 (shoe joint) = 4632.27'
4632.27 + 12' landing joint = 4644.27'
4644.27 / 100 = 46.44
2.38 bbls displacement per 100 ft.

46.44 x 2.38 bbls = **110.52 bbls displacement (2% KCL)**
3% excess = 3.31 bbls
110.52 + 3.31 = 113.83 bbls
Do not exceed 113.5 bbls displacement

Centralizers on top of # 2, 4, 6, 8, 9, 10, 15, 17

Scratchers (2) on #6, (5) on #7, (2) on #8, (5) on #9, where marked

Mix and pump 20 bbl (2% KCL) followed by 3 bbl fresh, then 500 gal ASF, 3 bbls fresh.

Plug rat hole w/15 sx 60:40:4

Mix and pump 25 sx 60:40:4, followed by 150 sx Class H + 10% salt +5# kolseal

Reciprocate pipe until approx 100 bbls of displacement out

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CEMENTING LOG

STAGE NO.

Date 9-22-11 District Med. Water Ticket No. 37737
 Company Hoggs Oil & Gas Rig Harding 1
 Operator R. McDonald Well No. B-2
 County Barber State KS
 Location _____ Field 24-225-10W

CASING DATA: PTA Scuzeze
 Surface Intermediate Production Liner
 Size 5 1/2 Type _____ Weight 15.5 Collar _____

Casing Depths: Top 4687' Bottom _____

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 7 7/8 T.D. 4700' ft. P.B. to _____ ft.

CAPACITY FACTORS

Casing: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:

Spacer Type: 20 bbls 2 1/2" lead 600 gal ASF
 Amt. _____ Sko Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time _____ hrs. Type 60' 40' 4 1/2" x 1
+ 1 1/4" Sgs Excess _____
 Amt. 40 Sko Yield 1.4 ft³/sk Density 14.1 PPG

TAIL: Pump Time _____ hrs. Type _____
4410' 30" H + 5" Kd Seal Excess _____
 Amt. 150 Sko Yield 1.31 ft³/sk Density 15.2 PPG

WATER: Lead 6.7 gals/sk Tail 5.5 gals/sk Total _____ Bbls

Pump Trucks Used 414/1302
 Bulk Equip. 421/252

Float Equip: Manufacturer _____
 Shoe: Type 3025 shoe Depth _____
 Float Type AFU inst Depth _____
 Centralizers: Quantity 8 Plug Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type 2 1/2" KCL Amt. 110 1/2 Bbls. Weight _____ PPG
 Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE Tia Rose

CEMENTER Matt Threese

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS	
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period		RATE Bbls Min.
5:00			300	20		6	2 1/2" KCL preflush
5:00			300	3		6	H2O spacer
			300	500 gal		6	ASF preflush
			300	3		6	H2O spacer
			100	4		4	1.5 SK Cement
			300	6		6.3	2.5 SK Screener
			200	35		6.3	150 SK Cement
			800	85		6.5	2 1/2" KCL displacement lift
6:00			1300	110 1/2		5	2 1/2" KCL
							Release pressure + Vent Hold

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FINAL DISP. PRESS. 800 PSI BUMP PLUG TO 1300 PSI BLEEDBACK 1/4 BBLs THANK YOU



24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906

Voice: (817) 546-7282
 Fax: (817) 246-3361

INVOICE

Invoice Number: 128643
 Invoice Date: Sep 22, 2011
 Page: 1

Bill To:
 Bryce F. Hayes Oil & Gas
 P O Box 108
 Attica, KS 67009-0108

Customer ID	Well Name #/ or Customer P.O.	Payment Terms	
Hayes	R McDaniel #B-2	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Sep 22, 2011	10/22/11

Quantity	Item	Description	Unit Price	Amount
24.00	MAT	Class A Common	16.25	390.00
16.00	MAT	Pozmix	8.50	136.00
2.00	MAT	Gel	21.25	42.50
150.00	MAT	Class H Premium	19.25	2,887.50
15.00	MAT	Salt	12.00	180.00
750.00	MAT	Kol Seal	0.89	667.50
13.00	MAT	Cla Pro	31.25	406.25
500.00	MAT	ASF	1.27	635.00
14.00	MAT	SMS	3.00	42.00
223.00	SER	Handling	2.25	501.75
15.00	SER	Mileage 223 sx @.11 per sk per mi	24.53	367.95
1.00	SER	Production Casing	2,405.00	2,405.00
30.00	SER	Pump Truck Mileage	7.00	210.00
1.00	SER	Manifold Head Rental	250.00	250.00
30.00	SER	Light Vehicle Mileage	4.00	120.00
1.00	EQP	5.5 Guide Shoe	178.00	178.00
1.00	EQP	5.5 AFU Insert	155.00	155.00
8.00	EQP	5.5 Turbolizer	49.00	392.00
14.00	EQP	5.5 Scratchers	71.00	994.00
1.00	EQP	5.5 Rubber Plug	73.00	73.00
1.00	EQUIP OPER	Matt Thimesch		

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
TOTAL	Continued

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 26,036.19

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JA



24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906

Voice: (817) 546-7282
 Fax: (817) 246-3361

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Invoice Number: 128643
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 Attica, KS 67009-0108

Customer ID	Well Name/ or Customer P.O.	Payment Terms	
Hayes	R McDaniel #B-2	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Sep 22, 2011	10/22/11

Quantity	Item	Description	Unit Price	Amount
1.00	EQUIP OPER	Ron Giley		
1.00	EQUIP OPER	Adam Miller		

Subtotal	11,033.45
Sales Tax	524.05
Total Invoice Amount	11,557.50
Payment/Credit Applied	
TOTAL	11,557.50

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

\$

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Oct 17, 2011

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 2206.69
 \$ 9350.91

ALLIED CEMENTING CO., LLC. 037737

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medford

DATE <u>9-22-11</u>	SEC. <u>24</u>	TWP. <u>32s</u>	RANGE <u>10w</u>	CALLED OUT	ON LOCATION	JOB START <u>5:00 pm</u>	JOB FINISH <u>6:30 pm</u>
LEASE <u>Medford</u>		WELL # <u>B-2</u>		LOCATION <u>Harper Barber Co line on 160</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>				<u>1/2 South, West 1/2</u>			

CONTRACTOR <u>Medford #1</u> TYPE OF JOB <u>Production</u> HOLE SIZE <u>7 7/8</u> T.D. <u>4700'</u> CASING SIZE <u>5 1/2</u> DEPTH <u>4687'</u> TUBING SIZE DEPTH DRILL PIPE DEPTH TOOL DEPTH PRES. MAX <u>(300 psi)</u> MINIMUM MEAS. LINE SHOE JOINT <u>42'</u> CEMENT LEFT IN CSG. <u>42'</u> PERFS. DISPLACEMENT <u>110 1/2 bbls 2 1/2 KLL</u> EQUIPMENT PUMP TRUCK CEMENTER <u>Medford</u> # <u>414/302</u> HELPER <u>Ron Gilly</u> BULK TRUCK # <u>421/252</u> DRIVER <u>Adam Miller</u> BULK TRUCK # DRIVER	OWNER <u>Hayes Oil + Gas</u> CEMENT AMOUNT ORDERED <u>4000 60' 40' 4 1/2" and 1 1/2" 2000</u> <u>1500 14" 10 1/2" salt + 5" Kolland</u> <u>500 gal ASF</u> COMMON <u>4 24 sk @ 16.25 390.00</u> POZMIX <u>76 sk @ 8.50 136.00</u> GEL <u>2 sk @ 21.25 42.50</u> CHLORIDE @ ASC @ <u>1 150 sk @ 19.25 2887.50</u> <u>Salt 15 sk @ 12.00 180.00</u> <u>Kolland 750 # @ .89 667.50</u> <u>17 Gal's Clipro @ 2.25 406.25</u> <u>500 Gal ASF @ 1.27 635.00</u> <u>SMS 14 # @ 3.00 42.00</u> @ @ HANDLING <u>223 @ 2.25 501.75</u> MILEAGE <u>223/11/15 367.95</u> TOTAL <u>6256.45</u>
--	---

REMARKS:
Back on pump ball through
2000 pump 20 bbls 2 1/2 KLL pump 3 bbls 1/2 20
pump 500 gal ASF pump 3 bbls 1/2 20
mix 1500 salt for 140' on 2500 sec cement
on 150 sk cement spot down with pump
Release plug down with 2 1/2 KLL
Scale bit at 85 bbls pump plug at 110 1/2 bbls
800 psi to 1300 psi plug held

SERVICE	
DEPTH OF JOB <u>4687'</u>	
PUMP TRUCK CHARGE <u>2405.00</u>	
EXTRA FOOTAGE @	
MILEAGE <u>30 @ 7.00 210.00</u>	
MANIFOLD <u>Hard Rubber</u> @ <u>200.00</u>	
<u>light vehicle 30 @ 4.00 120.00</u>	
@	
TOTAL <u>2985.00</u>	

CHARGE TO: Hayes Oil + Gas
 STREET _____
 CITY _____ STATE _____ ZIP _____

5 1/2 PLUG & FLOAT EQUIPMENT	
<u>1- Rubber Plug</u> @ <u>178.00</u>	
<u>1- AFU insert</u> @ <u>155.00</u>	
<u>8- Turbo lizers</u> @ <u>49.00 392.00</u>	
<u>14- sec cutters</u> @ <u>71.00 994.00</u>	
<u>1- Rubber plug</u> @ <u>73.00</u>	
TOTAL <u>1792.00</u>	

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME TIM PIERCE
 SIGNATURE Tim Pierce

SALES TAX (If Any) _____
 TOTAL CHARGES 11,033.45
 DISCOUNT 20% IF PAID IN 30 DAYS
NET 8826.76

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24 S. Lincoln Street
 P.O. Box 31
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 Attica, KS 67009-0108

Customer ID	Well Name #/ or Customer P/O	Payment Terms	
Hayes	R. McDaniel #2-B	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Sep 16, 2011	10/16/11

Quantity	Item	Description	Unit Price	Amount
135.00	MAT	Class A Common	16.25	2,193.75
90.00	MAT	Pozmix	8.50	765.00
4.00	MAT	Gel	21.25	85.00
7.00	MAT	Chlride	58.20	407.40
236.00	SER	Handling	2.25	531.00
15.00	SER	Mileage	25.96	389.40
1.00	SER	Surface	1,125.00	1,125.00
30.00	SER	Heavy Vehicle Mileage	7.00	210.00
30.00	SER	Light Vehicle Mileage	4.00	120.00
1.00	CEMENTER	David Felio		
1.00	EQUIP OPER	Ron Gilley		
1.00	OPER ASSIST	Dustin Elam		

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JAN 03 2012

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

1165.31

ONLY IF PAID ON OR BEFORE

Oct 11 2011

Subtotal	5,826.55
Sales Tax	251.93
Total Invoice Amount	6,078.48
Payment/Credit Applied	
TOTAL	6,078.48

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Discount *1165.31*
10/11/11
 SK

COPY

