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KANSAS CORPORATION COMMISSION

NOV 12 2009

Form AGO-1
October 2008
Form Must Be Typed

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

CONSERVATION DIVISION
WICHITA, KS

OPERATOR: License # 31878

Name: Jim Snyder

Address 1: Bx 109

Address 2: _____

City: Hamilton State: KS Zip: 66853 + _____

Contact Person: Jim Snyder

Phone: (620) 344-6283

CONTRACTOR: License # 33557

Name: Sky Drilling

Wellsite Geologist: _____

Purchaser: High Sierra

Designate Type of Completion:

- New Well Re-Entry Workover
 - Oil SWD SIOW
 - Gas ENHR SIGW
 - CM (Coal Bed Methane) Temp. Abd.
 - Dry Other _____
- (Cars, 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.: _____

9-2-08 9-8-08 9-9-08

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

API No. 15 - 15-15-073-24085-00-00

Spot Description: SE SW NW NE ~~SE NW RE~~

Sec. 28 Twp. 23 S. R. 11 East West

1315 Feet from North / South Line of Section

2160 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Greenwood

Lease Name: Freeman Well #: 9

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: 2041 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 100 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: _____ bbis

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: _____

Title: Owner Date: 11-11-09

Subscribed and sworn to before me this _____ day of _____

20 _____

Notary Public: _____

Date Commission Expires: _____

KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ATF 1 - Dig - 5/31/12

Side Two

Operator Name: Jim Snyder Lease Name: Freeman Well #: 9
 Sec. 28 Twp. 23 S. R. 11 East West County: Greenwood

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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample

Name Bartlesville Top 1942 Datum

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CONSERVATION DIVISION
 WICHITA, KS

CASING RECORD <input type="checkbox"/> New <input checked="" 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	24	102	class a	70	
Production	7 7/8	5 1/2	14	2040	60/40 Poz	150	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cemnt	#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	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
2	1942-1952		
2	1958-1968		

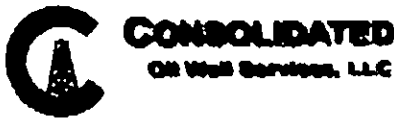
TUBING RECORD: Size: _____ Set At: _____ Pecker At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. _____ Producing Method: Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours: Oil Bbls. _____ Gas Mcf _____ Water Bbls. _____ Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: Vented Sold Used on Lease *(If vented, Submit ACO-18.)*
 METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____
 PRODUCTION INTERVAL: _____

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



Handwritten initials/signature

TICKET NUMBER 1929
 LOCATION EUREKA
 FOREMAN Rick Ledford

PO Box 884, Chanute, KS 68720
 620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	TRUCK
9-8-08	7497	FREEMAN # 9				66
CUSTOMER Jim Snyder			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 106			463 Shannon			
CITY STATE ZIP CODE Hamilton KS 66853			429 L John			
			441 T David			
			436 Chris			

JOB TYPE longstring HOLE SIZE 2 7/8" HOLE DEPTH 2041' CASING SIZE & WEIGHT 5 1/2" 6200
 CASING DEPTH 2035 G.C. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13-12 1/2" SLURRY VOL 52 bbl WATER gal/sk 20-R. CEMENT LEFT in CASING 0
 DISPLACEMENT 48 1/2 bbl DISPLACEMENT PSI 600 PSI 1100 RATE _____

REMARKS: Safety meeting. Rig up to 5 1/2" casing w/casing head. Break circulation w/ 10 bbl fresh water. Mixed 150 sacks 60/40 Pozmix cement w/ 270 cu ft 4 1/2 gal 4" flex @ 13 1/2" @ 13 1/2" @ 13 1/2". Tail in w/ 50 sacks thickset cement w/ 4" Kalsol @ 13 1/2" @ 13 1/2".
Washout pump + lines shut down, release plug. Displace w/ 48 1/2 bbl fresh water. Final pump pressure 600 PSI. Pump plug to 1100 PSI. wait 2 minutes release pressure. Plug hold. Good circulation @ all times while cementing. Job complete. Rig down. Rotated casing while cementing + displacing of cement.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	985.00	985.00
5406	15	MILEAGE	3.65	54.75
1131	150 sacks	60/40 Pozmix cement	11.35	1702.50
1102	260'	270 cu ft	.75	195.00
1108A	500 gal	4 1/2 gal	.17	85.00
1107	38'	4" flex @ 13 1/2"	2.10	79.80
1126A	50 sacks	thickset cement	17.00	850.00
1108A	200'	4" Kalsol @ 13 1/2"	.42	84.00
5407	9.2	term mileage bulk trk	33.68	315.00
4406	1	5 1/2" top rubber plug	61.00	61.00
5611	1	rental on 5 1/2" casing head	100.00	100.00
5502C	3 hrs	80 bbl var. TRK	100.00	300.00
1123	3000 gals	city water	14.00	42.00
			Subtotal	4799.05
			SALES TAX	195.27
			ESTIMATED TOTAL	4994.32

Ravitt 3737

825531

AUTHORIZATION Witnessed by Con

TITLE Tool pusher

DATE

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MAY 31 2012

KCC WICHITA