



WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33738 Name: Burris, J. R. Address 1: 1902 HIGHWAY 54 Address 2: BOX 345 City: IOLA State: KS Zip: 66749 Contact Person: Richard Burris Phone: (620) 365-3181 CONTRACTOR: License # 33738 Name: Burris, J. R. Wellsite Geologist: None Purchaser:

API No. 15 - 15-001-30356-00-00 Spot Description: SE SE SE SW Sec. 1 Twp. 24 S. R. 18 East West 170 Feet from North South Line of Section 2810 Feet from East West Line of Section Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County: Allen Lease Name: ALAN KETTLE Well #: 1-A Field Name:

Producing Formation: Tucker Elevation: Ground: 973 Kelly Bushing: 3 Total Depth: 950 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: feet depth to: w/ sx cmt.

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 #:

04/23/2012 04/24/2012 8/17/2012 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls Dewatering method used: Evaporated Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Sec. Twp. S. R. East West County: Permit #:

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.

Submitted Electronically

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: NAOMI JAMES Date: 10/05/2012



1095355

Operator Name: Burris, J. R. Lease Name: ALAN KETTLE Well #: 1-A
 Sec. 1 Twp. 24 S. R. 18 East West County: Allen

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum None |
|---|---|

| 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 | 8.625 | 28 | 20 | Portland | 6 | Portland |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|---------------------------------------|------------------|----------------|--------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| ___ Perforate | | | | |
| ___ Protect Casing | - | | | |
| ___ Plug Back TD | | | | |
| ___ 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 |
|----------------|---|--|-------|
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|---|-----------|--|-----------------------------------|
| TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ | | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date of First, Resumed Production, SWD or ENHR. _____ | | Producing Method: <input type="checkbox"/> Flowing <input 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 type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|---|---|--|

Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765

Ticket Number 100088
 Location Madison
 Foreman Brad Butler

Cement Service ticket

| Date | Customer # | Well Name & Number | Sec./Township/Range | County |
|-----------------------|------------|-------------------------------------|---------------------|--------------|
| 5-14-12 | | Kettle #2-A | 1-24s-18E | Allen |
| Customer TBIG, LLC | | Mailing Address 308 Fairway Ave. | City Tola, Ks. | State Ks. |
| | | | Zip 66749 | |

| Job Type: | Truck # | Driver |
|-------------------|---------|--------|
| Plug To Abandon | 201 | Kelly |
| Hole Size: 6 3/4" | 202 | Jerry |
| Hole Depth: 965' | 105 | Justin |
| Bridge Plug: | | Cody |
| Packer: | | |

| Quantity Or Units | Description of Services or Product | Pump charge | |
|-------------------|------------------------------------|-------------|------------------|
| 45 | Mileage | \$3.25/Mile | 790.00 146.25 |
| 74 SACKS | 60/40 Permox cement | 10.90 | 806.60 |
| 127 lbs | Gel 22 | .30 | 38.10 |
| 3 Hrs | water Truck | 84.00 | 252.00 |
| | Rental on 1" Swivel & H.P. Hoses | 50.00 | 50.00 |
| 3.25 Tons | Bulk Truck > minimum charge | \$1.15/Mile | 250.00 |
| 45 miles | Truck #290 | 1.50 | 67.50 |
| | Plugs | | |
| | Subtotal | | 2400.45 |
| | Sales Tax | | 61.66 |
| | Estimated Total | | 2462.11 |

Remarks: Rig up to 1" Pipe - washed 1" down to 920', SET cement plugs as following:

10 SKS at 920'
 10 SKS at 600'
 54 SKS at 220' To Surface

Called by Mark Bennis
 Customer Signature