



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5088
Name: Darrah, John Jay, Jr.
Address 1: 225 N MARKET STE 300
Address 2:
City: WICHITA State: KS Zip: 67202 + 2024
Contact Person: Will Darrah
Phone: (316) 219-3390
CONTRACTOR: License # 5121
Name: Mobile Drilling Company, Inc.
Wellsite Geologist: Seth Evenson
Purchaser: NCRA

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: John Jay Darrah, Jr.

Well Name: Hoffman B #8
Original Comp. Date: 10/11/1950 Original Total Depth: 3355
 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 #: _____

08/28/2012 09/19/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-009-03458-00-01
Spot Description:
NW SW NW Sec. 7 Twp. 16 S. R. 13 East West
1650 Feet from North / South Line of Section
330 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barton
Lease Name: HOFFMAN B Well #: 8
Field Name: Trapp
Producing Formation: Arbuckle
Elevation: Ground: 1920 Kelly Bushing: 1924
Total Depth: 3355 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 598 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:
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: Deanna Gansor Date: 10/24/2012

Operator Name: Darrah, John Jay, Jr.Lease Name: HOFFMAN BWell #: 8Sec. 7 Twp. 16 S. R. 13 East WestCounty: Barton

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" 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	Heebner		3034
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lansing		3105
Electric Log Submitted Electronically (If no, Submit Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arbuckle		3342
		TD		3355

List All E. Logs Run:

CASING RECORD New 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	12.75	8.625	24	598		300	
Production	7.875	5.5	15.5	3343		100	
Production	5	4.5	9.5	3307		185	Common 2% CaCl

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing Plug Back TD Plug Off Zone	643-770		100	Previous squeeze 1985

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
Attached	Attached	Attached	Attached

TUBING RECORD: Size: 2.375 Set At: 3350 Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: 09/20/2012 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	3				

DISPOSITION OF GAS: Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

METHOD OF COMPLETION: Dually Comp. (Submit ACO-5) Commingled (Submit ACO-4)

PRODUCTION INTERVAL: 2980 - 3350

(If vented, Submit ACO-18.)

Form	ACO1 - Well Completion
Operator	Darrah, John Jay, Jr.
Well Name	HOFFMAN B 8
Doc ID	1098637

Perforations

3	3126 - 3134	Perfs acidized w/ 750 gals 15%	
3	3096 - 3202	Perfs acidized w/ 750 gals 15%	
3	3048 - 3053	Perfs acidized w/ 750 gals 15%	
3	2980 - 2990	Perfs acidized w/ 750 gals 15%	
	3343 - 3355	Open Hole Acidized w/ 3000	
		als 15%	9

Summary of Changes

Lease Name and Number: HOFFMAN B 8

API/Permit #: 15-009-03458-00-01

Doc ID: 1098637

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
API	15-009-03458-00-00	15-009-03458-00-01



KANSAS CORPORATION COMMISSION 1095114
OIL & GAS CONSERVATION DIVISION

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5088
Name: Darrah, John Jay, Jr.
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Address 2: _____
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Contact Person: Will Darrah
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CONTRACTOR: License # 5121
Name: Mobile Drilling Company, Inc.
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Purchaser: NCRA

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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: John Jay Darrah, Jr.

Well Name: Hoffman B #8

Original Comp. Date: 10/11/1950 Original Total Depth: 3355

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 Conv. to GSW

Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
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<u>08/28/2012</u>	<u>09/19/2012</u>
Spud Date or Recompletion Date	Completion Date or Recompletion Date

API No. 15 - 15-009-03458-00-00

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 NE NW SE SW

County: Barton

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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 #: _____

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: Deanna Garrison Date: 10/24/2012



1095114

Operator Name: Darrah, John Jay, Jr. Lease Name: HOFFMAN B Well #: 8
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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 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 checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Heebner</td> <td></td> <td>3034</td> </tr> <tr> <td>Lansing</td> <td></td> <td>3105</td> </tr> <tr> <td>Arbuckle</td> <td></td> <td>3342</td> </tr> <tr> <td>TD</td> <td></td> <td>3355</td> </tr> </table>	Name	Top	Datum	Heebner		3034	Lansing		3105	Arbuckle		3342	TD		3355
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Lansing		3105														
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
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ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
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	-			

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
Attached	Attached	Attached	Attached

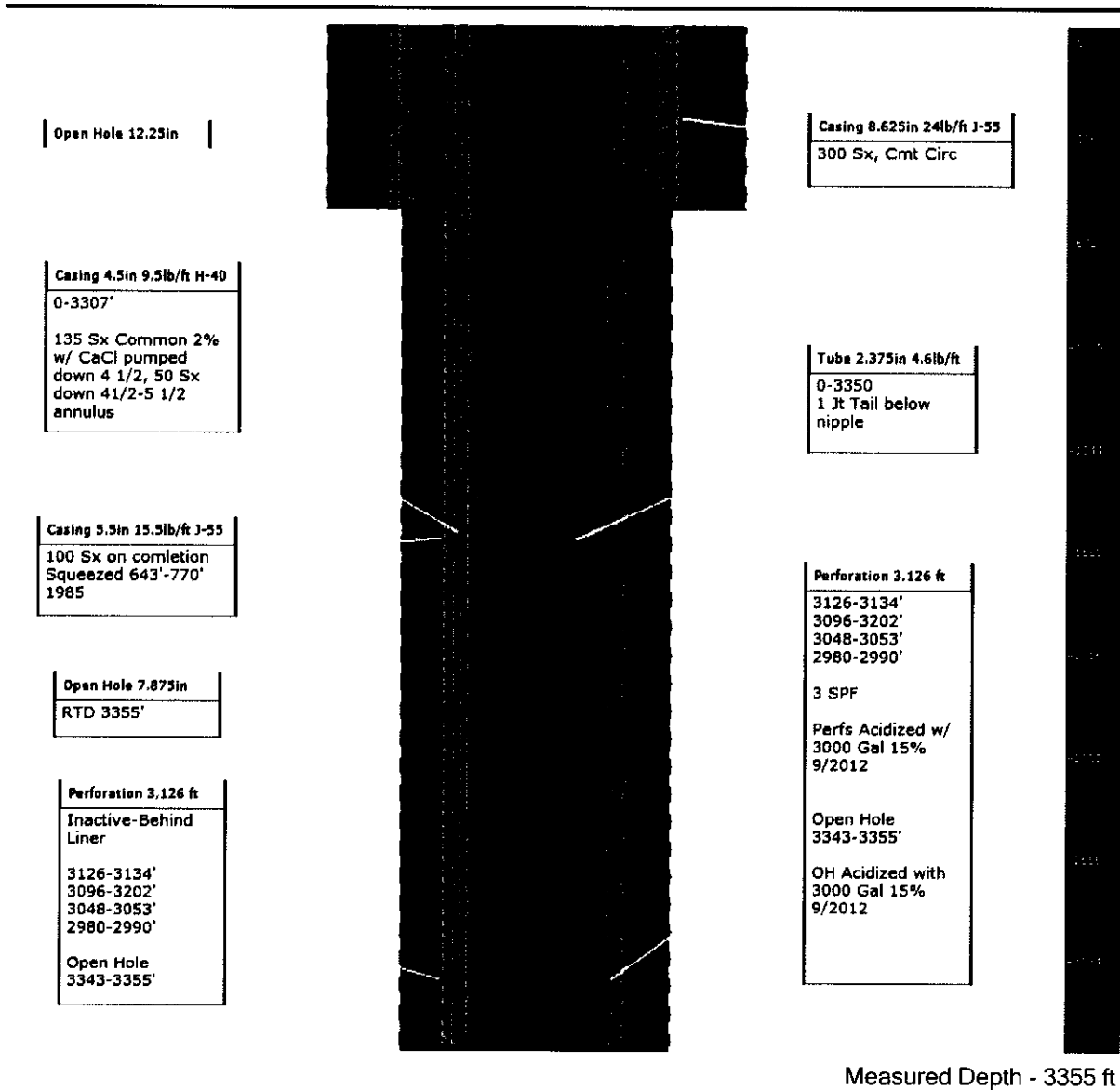
TUBING RECORD:	Size: <u>2.375</u>	Set At: <u>3350</u>	Packer At:	Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>09/20/2012</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____		
Estimated Production Per 24 Hours	Oil Bbls. <u>3</u>	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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: <u>2980 - 3350</u>
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Well Name	HOFFMAN B 8
Doc ID	1095114

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	3343 - 3355	Open Hole Acidized w/ 3000	
		als 15%	9



Legend:

-  Open Hole
-  Casing
-  Tubing
-  Perforation

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.#

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 800

Date	9-4-12	Sec.	Twp.	Range	County	State	On Location	Finish
Lease	Hoffman	Well No.	B-8		Location	Russell Broken 10 line 1 S 26 1/2 E Int		
Contractor	Mobile Drilling Company				Owner	To Quality Oilwell Cementing, Inc.		
Type Job	Line R				You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size	5/2	T.D.						
Csg.	4 1/2	Depth	3303					
Tbg. Size		Depth						
Tool		Depth						
Cement Left in Csg.		Shoe Joint						
Meas Line		Displace	51 1/2 BBL		Charge To	John J. Darrach		
					Street			
					City	State		
					The above was done to satisfaction and supervision of owner agent or contractor.			
					Cement Amount Ordered	185 com 2 1/2 cc		

EQUIPMENT

Pumptrk	5	No.	Cementer	Greg	Common	185
			Helper			
Bulktrk		No.	Driver	Brett	Poz. Mix	
			Driver			
Bulktrk	14	No.	Driver	Andy	Gel.	3
			Driver			

JOB SERVICES & REMARKS

Remarks:	Calcium
Rat Hole	Hulls
Mouse Hole	Salt
Centralizers	Flowseal
Baskets	Kol-Seal
D/V or Port Collar	Mud CLR 48
4 1/2 set @ 3303 Lead Hole +	CFL-117 or CD110 CAF 38
Establish Circulation. Mix 135 sk	Sand
Down 4 1/2 - 50 sk Down Backside	Handling 188
	Mileage

Cement Did not Circulate!

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	4 1/2 Float shoe
Baskets	
AFU Inserts	1 1/2 Rubber plug
Float Shoe	
Latch Down	

Pumptrk Charge	1.1000
Mileage	1.2
Tax	
Discount	
Total Charge	

X
Signature