



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ Date: _____



Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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
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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

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				

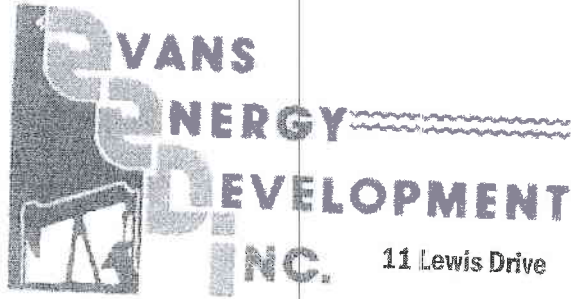
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: 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
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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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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**EVANS
ENERGY
DEVELOPMENT
INC.**

11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG
L & P Enterprises, LLC
Donner #D19
API#15-121-29,464
March 3 - March 4, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
9	lime	15
5	shale	20
13	lime	33
14	shale	47
28	lime	75
2	shale	77
17	lime	94 oil show
10	shale	104
4	lime	108
75	shale	183
19	lime	202
4	shale	206
2	lime	208
26	shale	234
4	lime	238
36	shale	274
11	lime	285
18	shale	303
11	lime	314
2	shale	316
10	lime	326
1	shale	327
2	lime	329
13	shale	342
17	lime	359
3	shale	362
6	lime	368
3	shale	371
6	lime	377 base of the Kansas City
24	shale	401
6	oil sand	407 green, good bleeding
5	broken sand	412 green & brown, ok bleeding
8	silty shale	420
64	shale	484
6	broken sand	490 brown & green, good bleeding
55	shale	545
6	lime	551
7	shale	558
3	lime	561

17	shale	578
1	coal	579
5	shale	584
3	lime	587
19	shale	606
3	lime	609
3	shale	612
1	coal	613
11	shale	624
3	lime	627
16	shale	643
4	lme	647
12	shale	659
1	silty shale	660
4	broken sand	664 50% brown sand 50% shale good bleeding
7	oil sand	671 brown, good bleeding
9	broken sand	680 40% brown sand 60% shale good bleeding
9	silty shale	689
39	shale	728 TD

Drilled a 9 7/8" hole to 22.4'

Drilled a 5 5/8" hole to 728'

Set 22.4' of 7" surface casing cemented with 6 sacks of cement

Set 717.8' of 2 7/8" threaded and coupled 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
660	1	1
661	1	5
662		59
663	1	13
664	1	18
665		54
666	1	2
667	1	30
668		50
669		40
670	2	8
671	1	6
672		55
673		56
674		52
675		50
676		58
677	1	26
678	1	7
679		26



CONSOLIDATED
Oil Well Services, LLC

257254

TICKET NUMBER 38877

LOCATION Ottawa

FOREMAN Alan Mader

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
3-4-13	4828	Danner D-19	NW 5	17	21	MI
CUSTOMER <u>LDP Enterprises</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>29975 Indianapolis</u>			<u>516</u>	<u>AlaMad</u>	<u>Safety</u>	<u>Meet</u>
CITY <u>Paducah</u>			<u>368</u>	<u>Al Mad</u>	<u>AAA</u>	
STATE <u>KS</u>			<u>370</u>	<u>Ke:car</u>	<u>KC</u>	
ZIP CODE <u>66071</u>			<u>503</u>	<u>DanDet</u>	<u>DD</u>	
JOB TYPE <u>long string</u>	HOLE SIZE <u>5 5/8</u>	HOLE DEPTH <u>728</u>	CASING SIZE & WEIGHT <u>2 1/8</u>			
CASING DEPTH <u>718</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VCL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>			
DISPLACEMENT <u>412</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>46ppm</u>			

REMARKS: Held meeting Established rate. Mixed & pumped 100# gel down casing followed by 10.5 sk 50/150 cement plus 290 gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

Evans, Mitchell

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401	1	PUMP CHARGE	368	
3406		MILEAGE	368	1032.00
3402	718	Casing footage	368	
3407	ten miles		368	
3502C	2	80 vac	503	352.00
			370	180.00
1124	105	50/150 cement		
1118B	276#	gel		1148.75
4402	1	2 1/2 plug		57.96
				28.00
			SALES TAX	93.30
			ESTIMATED TOTAL	2889.01

Rev'n 3737

AUTHORIZATION [Signature]

TITLE

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 for