



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: _____



1149546

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				

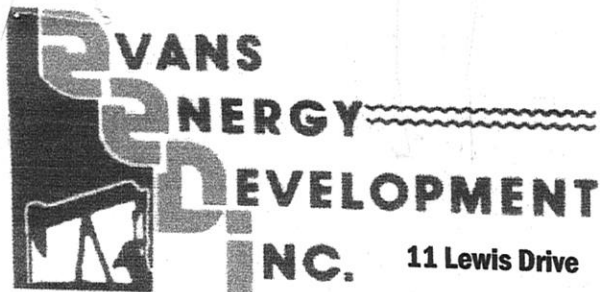
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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

Kansas Resource Exploration & Development, LLC
Guetterman #KR-9
API # 15-091-23,931
January 14 - January 16, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
13	soil & clay	13
3	shale	16
25	lime	41
8	shale	49
8	lime	57
5	shale	62
1	lime	63
12	shale	75
9	lime	84
19	shale	103
23	lime	126
3	shale	129
50	lime	179
22	shale	201
9	lime	210
16	shale	226
7	lime	233
10	shale	243
12	lime	255
6	shale	261
2	lime	263
28	shale	291
2	lime	293
9	shale	302
13	lime	315
8	shale	323
22	lime	345
4	shale	349
2	lime	351
7	shale	358
3	lime	361 base of the Kansas City
26	shale	387
6	sand	393 grey & green, light gas odor
141	shale	534
6	lime	540
3	shale	543
1	lime	544
4	shale	548
1	coal	549
4	shale	553
8	lime	561

15			
2	shale		
7	lime	576	
5	shale	578	
4	lime	585	
3	shale	590	
25	lime	594	
2	shale	597	
71	lime	622 red	
3	shale	624	
5	broken sand	695	
18	oil sand	698 brown & black, light bleeding	
1	shale	703 brown, fair bleeding	
30	coal	721	
1	shale	722	
5	coal	752	
2	shale	753	
31	grey sand	758	
1	shale	760	
23	coal	791	
1	shale	792	
1	broken sand	815	
3	oil sand	816 brown & lime, good bleeding	
	broken sand	817 brown, good bleeding	
14		820 brown & green, 90% sand, 10% shale	
1	shale	good bleeding	
34	coal	834	
	shale	835	
		869 TD	

Drilled a 9 7/8" hole to 21'

Drilled a 5 5/8" hole to 869'

Set 21' of 7" surface casing cemented with 6 sacks of cement

Set 859' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe & 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 39094

LOCATION O'Hawa, KS

FOREMAN Casey Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/16/13	4448	Quetterman # KR-9	NE 19	22	14	JO
CUSTOMER <u>Kansas Resource Exp + Dev</u>						
MAILING ADDRESS <u>9393 W, 110th, Suite 500</u>						
CITY <u>Overland Park</u>	STATE <u>KS</u>	ZIP CODE <u>66210</u>				
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		481	Casken	✓	Safety Meeting	
		6666	Gar Moo	✓		
		503	Dan Det	✓		
		370	Kei Car	✓		

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 869' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 859' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.97 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 100# Premium Gel followed by 10 bbls fresh water, mixed + pumped 128 sks 50/50 Pozumix cement w 2 1/2 gel + 1/2# Phenoseal per sk, cement to surface, finished pump clean, pumped 2 2 1/2" rubber plugs to casing TD w/ 4.97 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	30 mi	MILEAGE		120.00
5402	859'	casing footage		
5407	minimum	tax mileage		350.00
5502C	2 hrs	80 Vac		180.00
1124	128 sks	50/50 Pozumix cement		1401.60
1118B	315 #	Premium Gel		66.15
4402	2	2 1/2" rubber plugs		56.00
1107A	64 #	Phenoseal		82.56

[Stamp: completed]

Ravin 3737 *[Signature]* TITLE 256009 DATE 7.5.25.16
 AUTHORIZATION _____ TITLE _____ DATE _____
 SALES TAX ESTIMATED TOTAL 120.87
13407.18

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 form