

CONFIDENTIAL

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

5/7/13
Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 34669
Name: Stephan Tufte
Address 1: 7531 US 59 Hwy
Address 2: _____
City: Oskaloosa State: KS Zip: 66066 + _____
Contact Person: Stephan Tufte
Phone: (785) 231-8090
CONTRACTOR: License # 5786
Name: McGown Drilling
Wellsite Geologist: none
Purchaser: none

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: _____

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 #: _____

3/19/12 3/20/12 3/23/12
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 103-21345-00-00

Spot Description:
nw nw sw sw Sec. 24 Twp. 12 S. R. 20 East West
825 Feet from North / South Line of Section
5,115 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Leavenworth

Lease Name: Blaker Well #: 2

Field Name: Wildcat

Producing Formation: Squirrel

Elevation: Ground: 879.3 Kelly Bushing: _____

Total Depth: 1022 Plug Back Total Depth: 901

Amount of Surface Pipe Set and Cemented at: 63 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: 20 bbls

Dewatering method used: evaporation & backfill

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

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

County: CONFIDENTIAL Permit #: _____

MAY 07 2013

MAY 09 2012

KCC

KCC WICHITA

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.

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.

Signature: Stephan Tufte
Title: Agent Date: 5/07/12

KCC Office Use ONLY

Letter of Confidentiality Received
Date: 5-7-12 TO 5-7-13
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NJ Date: 5-18-12

Operator Name: Stephan Tufte Lease Name: Blaker Well #: 2
 Sec. 24 Twp. 12 S. R. 20 East West County: Leavenworth

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Squirrel</td> <td>778, 11'</td> <td>101.3</td> </tr> </table>	Name	Top	Datum	Squirrel	778, 11'	101.3
Name	Top	Datum					
Squirrel	778, 11'	101.3					

CASING RECORD <input checked="" 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
surface	8 1/4	7"		63	Portland	58	97# gel, 50# calcium
Longstring	5 7/8"	2 7/8"		901	Portland	149	350# Gel

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: <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 type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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 MAY 07 2013
 MAY 09 2012
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CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 36566

LOCATION Hawea, KS

FOREMAN Carey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/19/12	8111	Blaker # 2	SW 24	12	20	LV
CUSTOMER Tutte Enterprises						
MAILING ADDRESS 7531 US Hwy 59						
CITY Oskaloosa		STATE KS	ZIP CODE 66606			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			481	Car Ken	ck	
			368	Gar Moo	GM	
			503	Dan Gar	DG	
			370	Kei Car	KC	

JOB TYPE surface HOLE SIZE 12 1/4" HOLE DEPTH 63' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 63' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 5'
 DISPLACEMENT 3.75 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 58 sks 50/50 Pozmix cement w/ Calcium Chloride water, cement to surface, displaced cement w/ 3.75 bbls fresh water, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE <u>surface</u>		225.00
5400	45 miles	MILEAGE		180.00
5402	63'	casing footage		—
5407	maximum	ton mileage		350.00
5502C	2 hrs	80 Vac		180.00
1124	58 sks	50/50 Pozmix cement		635.10
1118B	97 #	Premium Gel		20.37
1102	50 #	Calcium Chloride		37.00
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				MAY 07 2013
				KCC 7.39%
				SALES TAX ESTIMATED TOTAL
				50.55
				2278.02

Revlin 3737

AUTHORIZATION No Co. Rep. on location 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 form.

CONSOLIDATED

Oil Well Services, LLC

TICKET NUMBER 36548

LOCATION Ottawa KS

FOREMAN Fred Mader

**FIELD TICKET & TREATMENT REPORT
CEMENT**

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/23/12	8111	Blaker #2	SW 24	12	20	LV
CUSTOMER <u>Tofte Enterprises</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>7531 U.S Hwy 59</u>			506	FREMAO	Safety Mkt	
CITY <u>Oskaloosa</u>			568	GARMOD	GM	J
STATE <u>KS</u>			370	KEICAR	KC	
ZIP CODE <u>66066</u>			503	DANGAR	DG	

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 930' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 901' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.24 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 48 PM

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel Flush.
Mix + Pump 149 sks 50/50 2% Gel. Cement to surface.
Flush pump + lines @ clean. Displace 2 1/2" Rubber plug to
casing TD w/ 5.24 BBLs fresh water. Pressure to 700# PSI
Release pressure to set float valve. Shut in casing

McCorm Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030 ⁰⁰
5406	45 mi	MILEAGE	365	1642 ⁵⁰
5402	901	Casing Footage		06
5407	Minimum	Ton Mileage	503	350 ⁰⁰
5502C	2 hrs	80 BBL Van Truck	370	180 ⁰⁰
1124	149 sks	50/50 Poz Mix Cement		1631 ⁵⁰
1118B	350#	Premium Gel		73 ⁵⁰
4402	1	2 1/2" Rubber Plug		25 ⁰⁰
248586				

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CONFIDENTIAL 7.3%

SALES TAX ESTIMATED TOTAL 126⁵¹
3599⁵⁶

MAY 07 2013

AUTHORIZATION As Rep on site 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 form.