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NOV 28 2012

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

11/23/14 ORIGINAL

OPERATOR: License # 31119
Name: Lone Wolf Oil Co. dba
Address 1: Box 241
Address 2: _____
City: Moline State: Ks Zip: 67353 + _____
Contact Person: Rob Wolfe
Phone: (620) 647-3626
CONTRACTOR: License # 32701
Name: C & G Drilling Inc
Wellsite Geologist: Joe Baker
Purchaser: Plains Marketing

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 #: _____

10-8-12	10-12-12	10-12-12
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 049-22574-00-00
Spot Description: _____
SW SE NE Sec. 3 Twp. 31 S. R. 10 East West
2,310 Feet from North / South Line of Section
990 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Elk
Lease Name: Durbin North Well #: 1
Field Name: Moline North
Producing Formation: Mississippi
Elevation: Ground: 1051 Kelly Bushing: 1058
Total Depth: 2340 Plug Back Total Depth: 2340
Amount of Surface Pipe Set and Cemented at: 44 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 2340
feet depth to: surface w/ 375 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 900 ppm Fluid volume: 575 bbls
Dewatering method used: Hauled to disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: Lone Wolf Oil
Lease Name: Custer License #: 31119
Quarter _____ Sec. 12 Twp. 32 S. R. 9 East West
County: Chautauqua Permit #: E-26307

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: Rob Wolfe
Title: Operator Date: 11-23-12

KCC Office Use ONLY

- Letter of Confidentiality Received Date: 11-23-12 to 11-23-14
 - Confidential Release Date: _____
 - Wireline Log Received
 - Geologist Report Received
 - UIC Distribution
- Approved by: 119 Date: 1-7-13
Approved by: _____ Date: _____

Operator Name: Lone Wolf Oil Co. dba Lease Name: Durbin North Well #: 1
 Sec. 3 Twp. 31 S. R. 10 East West County: Elk

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: Compensated Density, Neutron, Microlog, Dual induction, Gamma Ray, Cement Bond	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Name</td> <td style="width: 15%;">Top</td> <td style="width: 15%;">Datum</td> </tr> <tr> <td>Pawnee</td> <td>1615</td> <td>-554</td> </tr> <tr> <td>Ft. Scott</td> <td>1672</td> <td>-609</td> </tr> <tr> <td>Cherokee</td> <td>1704</td> <td>-644</td> </tr> <tr> <td>Mississippi Lime</td> <td>1991</td> <td>-931</td> </tr> <tr> <td>Cowley</td> <td>2173</td> <td></td> </tr> <tr> <td>Kinderhook</td> <td>2278</td> <td></td> </tr> <tr> <td>Arbuckle</td> <td>2320</td> <td></td> </tr> </table>	Name	Top	Datum	Pawnee	1615	-554	Ft. Scott	1672	-609	Cherokee	1704	-644	Mississippi Lime	1991	-931	Cowley	2173		Kinderhook	2278		Arbuckle	2320	
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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	12 1/4	8 5/8	23	44	class A	45	3 % cal.
Production	7 7/8	5 1/2	15.5	2337	60/40 pozmix, thick set	375	8% gel, 5# Kol-Seal, Pheno Seal

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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
2	2260-66	350 gal. 15% acid	2260-66
	2250 cast iron bridge plug		2250
2	2006-14	350 gal. 15% HCL acid, 750 gal. 15% HCL acid	2006-14

TUBING RECORD:	Size: <u>2 3/8</u>	Set At: <u>2032</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. <u>11-10-12</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	10		80		33

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" 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: <u>2006-14</u>
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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 35550

LOCATION Eureka

FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-049-22574

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-9-12	4763	Durbin North #1	3	315	10E	EIK
CUSTOMER <u>Lansholf Oil Co.</u>						
MAILING ADDRESS <u>P.O. Box 241</u>						
CITY <u>Moline</u>		STATE <u>Ks</u>	ZIP CODE <u>67353</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>485</u>	<u>Alan M</u>		
			<u>515</u>	<u>Colin</u>		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 53' CASING SIZE & WEIGHT 8 3/8 23'
 CASING DEPTH 44' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5% SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 15'
 DISPLACEMENT 2 3/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting. Rig up to 8 3/8 casing. Break circulation w/ 5 bbls Fresh water
add 55 sks Class A cement w/ 3% Cacl2, 2% Gel at 14.5". Displace with 2 3/4 bbls
Fresh water. Shut well in. Good cement returns to surface
Job complete Rig down

RECEIVED

NOV 28 2012

Thank you

KCC WICHITA

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	30	MILEAGE	4.00	120.00
11045	45	Class A Cement	14.95	672.75
1102	126*	Cacl2 3%	.74	93.24
1118B	85**	Gel 2%	.21	17.85
5407	2.11	Ton mileage Bulk Truck	171.11	350.00
			Subtotal	2078.84
			SALES TAX <u>7.3%</u>	57.32
			ESTIMATED TOTAL	2136.06

Ravin 3737

AUTHORIZATION Cotton

TITLE 2535M

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

ENTERED

TICKET NUMBER 35547 ✓
LOCATION EUREKA
FOREMAN KEVIN MCCOY

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																
10-13-12	4763	Durbin North #1	3	315	10E	ELK																
CUSTOMER Lone Wolf Oil Co.			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>520</td> <td>John S.</td> <td></td> <td></td> </tr> <tr> <td>515</td> <td>CALIN H.</td> <td></td> <td></td> </tr> <tr> <td>611</td> <td>Joey K.</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	520	John S.			515	CALIN H.			611	Joey K.		
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611	Joey K.																					
MAILING ADDRESS Box 241																						
CITY Moline																						
STATE KS																						
ZIP CODE 67353																						

JOB TYPE Longstring 0 HOLE SIZE 7 7/8 HOLE DEPTH 2340' KB CASING SIZE & WEIGHT 5 1/2 15.50 #
 CASING DEPTH 2337' KB DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.6-13.6 SLURRY VOL 80 BBL 60/40 WATER gal/sk _____ CEMENT LEFT in CASING 3'
 DISPLACEMENT 55.6 BBL DISPLACEMENT PSI 1300 ~~MMK~~ PSI 1700 Bump Plug RATE 5 BPM

REMARKS: Safety Meeting: Rig up to 5 1/2 casing. BREAK circulation w/ 5 BBL fresh water. Mixed 235 sks 60/40 Pozmix Cement w/ 8% gel, 1*PhenoSeal/sk @ 12.6*/gal, Tail in w/ 125 sks Thick Set Cement w/ 5*Kol-Seal/sk, 1*PhenoSeal/sk @ 13.6*/gal. Wash out Pump & Lines. Shut down. Release Latch down Plug. Displace Plug to Seat w/ 55.6 BBL fresh water. FINAL Pumping Pressure 1300 psi. Bump Plug to 1700 psi. wait 2 mins. Release Pressure. Float & Plug Held. Good Cement Returns to Surface = 10 BBL Slurry to Pit. Job Complete. Rig down. RECEIVED

Note: Plug RAT Hole w/ 15 sks 60/40 Pozmix NOV 28 2012

Centralizers on Jts #1, 2, 3, 5, 8, 9, 10, 12 BASKET on top of 3 KCC WICHITA

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	40	MILEAGE	4.00	160.00
1131	250 sks	60/40 Pozmix Cement	12.55	3137.50
1118 B	1720 *	Gel 8% } Lead Cement	.21 *	361.20
1107 A	250 *	PhenoSeal 1*/sk	1.29 *	322.50
1126 A	125 sks	Thick Set Cement	19.20	2400.00
1110 A	625 *	Kol-Seal 5*/sk } Tail Cement	.46 *	287.50
1107 A	125 *	PhenoSeal 1*/sk	1.29 *	161.25
5407	17.63 TONS	40 miles Bulk Delv.	1.34	944.96
4159	1	5 1/2 AFU Float Shoe	344.00	344.00
4454	1	5 1/2 Latch down Plug	254.00	254.00
4130	8	5 1/2 x 7 7/8 Centralizers	48.00	384.00
4104	1	5 1/2 Cement BASKET	229.00	229.00
			Sub Total	10,015.91
			SALES TAX 7.3%	575.31
			ESTIMATED TOTAL	10,591.22

Flavin 3737 K-MC THANK you 7.3% 253138
 AUTHORIZATION By Rob Wolfe TITLE owner 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