



Confidentiality Requested:

Yes  No

**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
- Plug Back  Conv. to GSW  Conv. to Producer
- Commingled Permit #: \_\_\_\_\_
- Dual Completion Permit #: \_\_\_\_\_
- SWD Permit #: \_\_\_\_\_
- ENHR Permit #: \_\_\_\_\_
- GSW Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27  NAD83  WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical 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**

- Confidentiality Requested  
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 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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  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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

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 <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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 <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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## Summary of Changes

Lease Name and Number: Heyd 2-14

API/Permit #: 15-171-21122-00-00

Doc ID: 1259084

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/14/2015	07/24/2015
Completion Or Recompletion Date	12/20/2014	2/9/2015
Purchaser's Name		Plains Marketing, L.P.
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1252805">.../kcc/detail/operatorEditDetail.cfm?docID=1252805</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1259084">.../kcc/detail/operatorEditDetail.cfm?docID=1259084</a>



Confidentiality Requested:

Yes  No

# CONFIDENTIAL 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
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27     NAD83     WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical 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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1236280  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
August 2013

Form must be Typed  
Form must be Signed  
All blanks must be Filled

**CONFIDENTIAL** WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # \_\_\_\_\_

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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
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27     NAD83     WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical 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

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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 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to [kcc-well-logs@kcc.ks.gov](mailto:kcc-well-logs@kcc.ks.gov). Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
--	---

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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>	PRODUCTION INTERVAL: Top Bottom
---	---	------------------------------------

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Red Oak Energy, Inc.
Well Name	Heyd 2-14
Doc ID	1236280

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4		Shot	4671-76







CHARGE TO: **Red Oak Energy**  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET **27923**  
 PAGE 1 OF 2

SERVICE LOCATIONS  
 1. **Ness City, Ks** WELL/PROJECT NO. **2-14** LEASE **HEYD** COUNTY/PARISH **Scott** STATE **Ks** CITY **LOCATION** DATE **12-20-14** OWNER **same**  
 2. **W W DRIG #2** RIG NAME NO.  
 3. **ORL** WELL TYPE **Development** JOB PURPOSE **5 1/2" LONGSTRING** WELLS PERMIT NO.  
 4. **ORL** INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 112	80	ME			6.00	480.00
578		1			PUMP CHARGE	1	SDR	4728	FT	1500.00	1500.00
221		1			LEAVED KCL	2	GM			25.00	50.00
281		1			MUD FLUSH	500	GM			1.25	625.00
403		1			CEMENT BASKETS	2	EA	5 1/2"		300.00	600.00
404		1			PORT COUPLERS	1	EA	2316	FT	2900.00	2900.00
406		1			LATCH DOWN PUG - BAFFLE	1	EA			275.00	275.00
407		1			ZUSSET FLOAT SHOE W/ AUTO FEEL	1	EA			375.00	375.00
409		1			TURBOLIZERS	11	EA			90.00	990.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.  
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS  
 X  
 DATE SIGNED **12-20-14** TIME SIGNED **1430**  **AM**  **PM**  
 SWIFT OPERATOR **Wayne Wilson** APPROVAL

REMIT PAYMENT TO:  
**SWIFT SERVICES, INC.**  
**P.O. BOX 466**  
**NESS CITY, KS 67560**  
**785-798-2300**

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?  
 WE UNDERSTOOD AND MET YOUR NEEDS?  
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?  
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?  
 ARE YOU SATISFIED WITH OUR SERVICE?  
 CUSTOMER DID NOT WISH TO RESPOND

UN-DECIDED  DIS-AGREE

PAGE TOTAL #1 **7795.00**  
 #2 **5784.00**  
 Subtotal **13,579.00**  
 TAX **844.75**  
 TOTAL **14,423.75**

Thank You!

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.





PO Box 466  
Nass City, KS 67560  
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 27923

CUSTOMER  
Red Oak Energy

WELL  
HERD 2-14

DATE  
12-20-14

PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL				UNIT PRICE	AMOUNT	
		LOG	ACCT	DF			QTY	U/M	QTY	U/M			
325		1				STANDARD GEMSO	EA-2	200	SKS		14.50	2900.00	
276		1				FLOCELL		50	US		2.50	125.00	
283		1				SALT		1000	US		20	200.00	
284		1				CAUSEAL		9	SKS		35.00	315.00	
292		1				HAAB-322		100	US		8.00	800.00	
290		1				D-ADR		5	GA		42.00	210.00	
581		1				SERVICE CHARGE					2.00	400.00	
583		1				MILEAGE CHARGE					1.00	834.00	
							TOTAL	20850			834		
							LOADED MILES	80					
							CUBIC FEET	200					
							TON MILES	834					

CONTINUATION TOTAL 5784.00



JOB LOG

SWIFT Services, Inc.

DATE 2-20-14 PAGE NO. 1

CUSTOMER RED OAK ENERGY WELL NO. 2-14 LEASE HEYD JOB TYPE 5/2" LONGSTRING TICKET NO. 27923

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1430							OK LOCATION
	1500							START 5/2" CASING IN WELL
								TD- 4728 SET- 4727
								TP- 4734 5/2" #15.5
								ST- 21'
								TURBOLOGS- 1,3,4,5,6,7,8,9,10,11,58
								CMT BSKTS- 2,59
								PORT COLLAR- 2316' TOPST #59
	1730							DROP BALL- CIRCULATE <del>RELEASE</del>
	1833	6	12		✓		450	PUMP 500 GAL MUDFLUSH
	1835	6	20		✓		450	PUMP 20 BBL KCL- FLUSH
	1840		7-5					PLUG RH (30 SKS) MH (20 SKS)
	1850	4	36		✓		250	MIX CEMENT- 150 SKS EA-2 = 15.4 PAG
	1905							WASH OUT PUMP - LINES
	1905							RELEASE LATCH DOWN PLUG
	1907	7	0		✓			DISPLACE PLUG
		7	105				900	
	1925	6	112.2				1500	PLUG DOWN - PSE UP LATCH TO PLUG
	1930						OK	RELEASE PSE- HELD
								WASH TRUCK
	2030							JOB COMPLETE
								THANK YOU WAYNE, DUSTY, ROB





**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

Red Oak Energy, Inc  
 7701 E kellogg Dr. STE 700  
 Wichita, Ks 67207  
 ATTN: Sean Deenihan

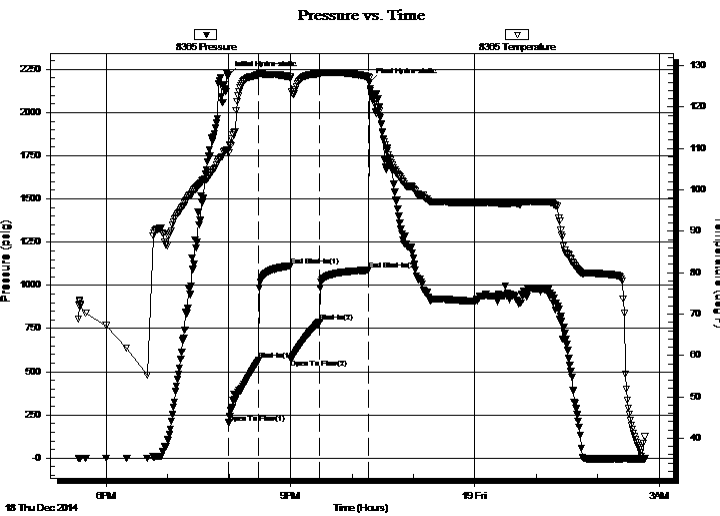
**14 17s 33w Scott, Ks**  
**Heyd 2-14**  
 Job Ticket: 59556 **DST#: 2**  
 Test Start: 2014.12.18 @ 17:33:00

## GENERAL INFORMATION:

Formation: **Marmaton**  
 Deviated: No Whipstock: ft (KB)  
 Test Type: Conventional Bottom Hole (Reset)  
 Time Tool Opened: 19:59:45 Tester: Bradley Walter  
 Time Test Ended: 02:46:30 Unit No: 69  
 Interval: **4330.00 ft (KB) To 4445.00 ft (KB) (TVD)** Reference Elevations: 3012.00 ft (KB)  
 Total Depth: 4445.00 ft (KB) (TVD) 3007.00 ft (CF)  
 Hole Diameter: 7.88 inches Hole Condition: Good KB to GR/CF: 5.00 ft

**Serial #: 8365 Inside**  
 Press @ Run Depth: 789.71 psig @ 4331.00 ft (KB) Capacity: 8000.00 psig  
 Start Date: 2014.12.18 End Date: 2014.12.19 Last Calib.: 2014.12.19  
 Start Time: 17:33:05 End Time: 02:46:30 Time On Btm: 2014.12.18 @ 19:59:30  
 Time Off Btm: 2014.12.18 @ 22:16:45

**TEST COMMENT:** IF: BOB @ 1.5 min.  
 IS: BOB @ 6 min.  
 FF: BOB @ 1 min.  
 FS: BOB @ 5 min. (gas to surface @ 20 min.)



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2215.84	109.69	Initial Hydro-static
1	204.63	108.93	Open To Flow (1)
30	565.57	127.80	Shut-In(1)
60	1113.27	127.23	End Shut-In(1)
61	575.29	126.86	Open To Flow (2)
89	789.71	128.10	Shut-In(2)
137	1087.48	127.28	End Shut-In(2)
138	2171.76	126.97	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
180.00	gmco 30g 30m 40o	1.42
1820.00	go 35g 65o	25.53
0.00	2250' GIP (Gas to surface)	0.00

\* Recovery from multiple tests

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Red Oak Energy, Inc

**14 17s 33w Scott, Ks**

7701 E kellogg Dr. STE 700  
Wichita, Ks 67207

**Heyd 2-14**

Job Ticket: 59556

**DST#: 2**

ATTN: Sean Deenihan

Test Start: 2014.12.18 @ 17:33:00

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

29 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 56.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.20 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 5000.00 ppm

Filter Cake: 1.00 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
180.00	gmco 30g 30m 40o	1.423
1820.00	go 35g 65o	25.530
0.00	2250' GIP (Gas to surface)	0.000

Total Length: 2000.00 ft      Total Volume: 26.953 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

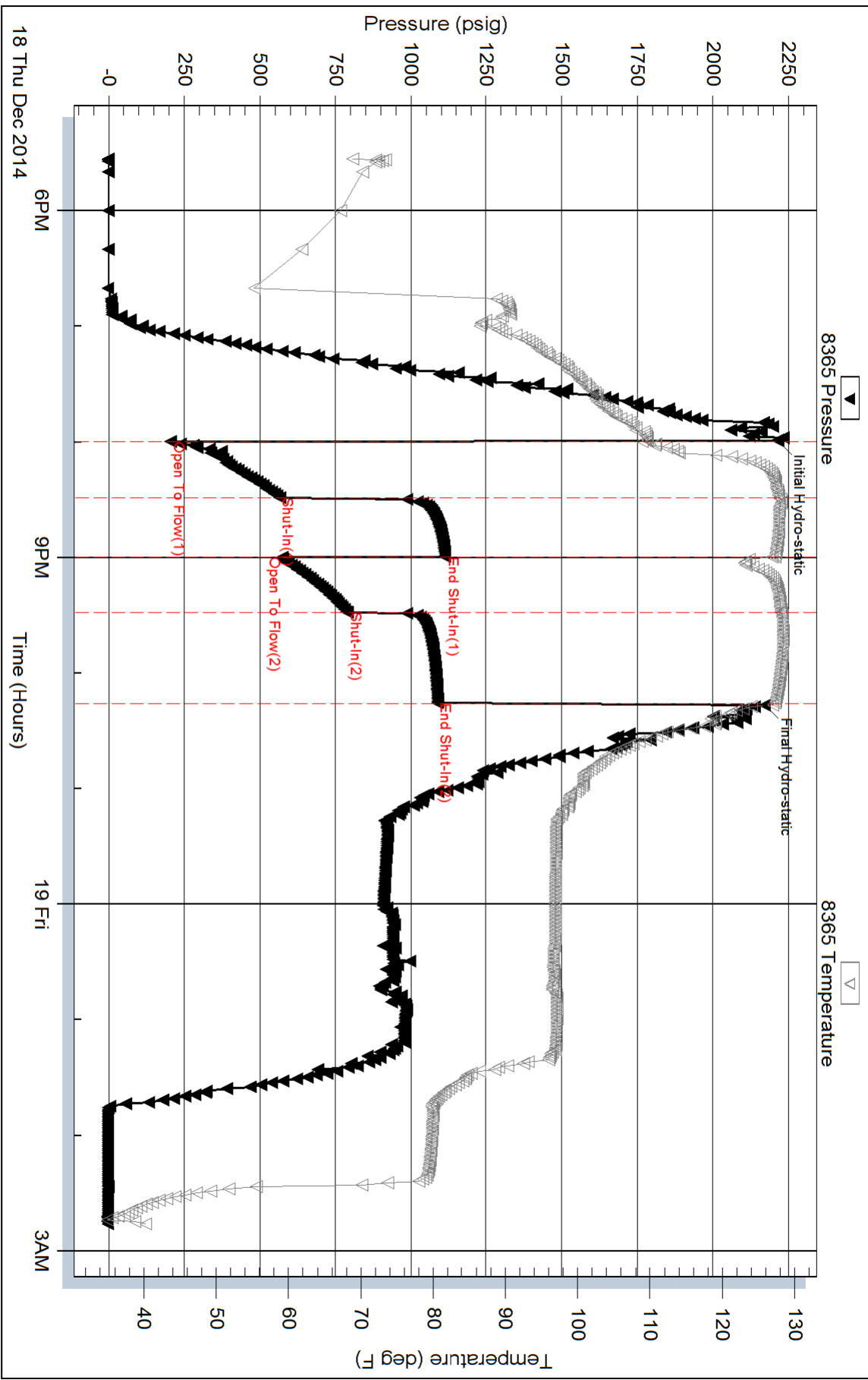
Laboratory Name:

Laboratory Location:

Recovery Comments:



### Pressure vs. Time







**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

Red Oak Energy, Inc  
 7701 E kellogg Dr. STE 700  
 Wichita, Ks 67207  
 ATTN: Sean Deenihan

**14 17s 33w Scott, Ks**  
**Heyd 2-14**  
 Job Ticket: 59555 **DST#: 1**  
 Test Start: 2014.12.17 @ 13:03:00

## GENERAL INFORMATION:

Formation: **LKC - B**  
 Deviated: No Whipstock: ft (KB)  
 Time Tool Opened: 14:50:00  
 Time Test Ended: 18:34:00  
 Interval: **4058.00 ft (KB) To 4092.00 ft (KB) (TVD)**  
 Total Depth: 4092.00 ft (KB) (TVD)  
 Hole Diameter: 7.88 inches Hole Condition: Good  
 Test Type: Conventional Bottom Hole (Reset)  
 Tester: Bradley Walter  
 Unit No: 69  
 Reference Elevations: 3012.00 ft (KB)  
 3007.00 ft (CF)  
 KB to GR/CF: 5.00 ft

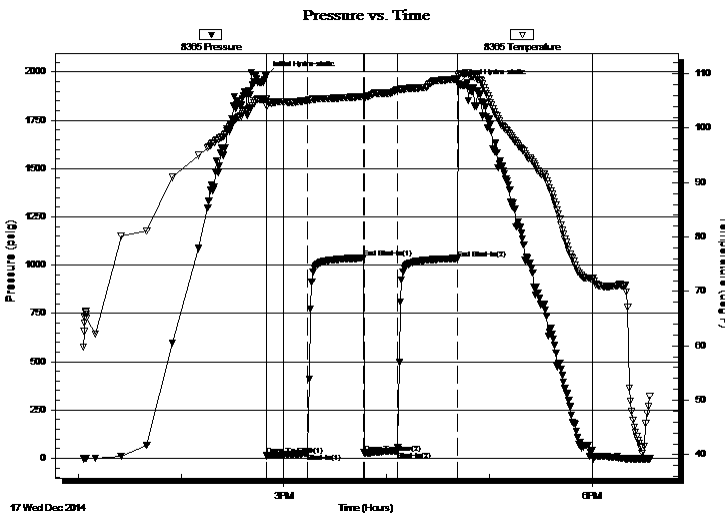
## Serial #: 8365

Inside

Press @ Run Depth: 38.34 psig @ 4059.00 ft (KB) Capacity: 8000.00 psig  
 Start Date: 2014.12.17 End Date: 2014.12.17 Last Calib.: 2014.12.17  
 Start Time: 13:03:05 End Time: 18:33:59 Time On Btm: 2014.12.17 @ 14:49:45  
 Time Off Btm: 2014.12.17 @ 16:42:00

TEST COMMENT: IF: 1/2" blow.  
 IS: No return.  
 FF: 1/4" blow.  
 FS: No return.

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1982.17	105.35	Initial Hydro-static
1	13.03	104.04	Open To Flow (1)
24	25.66	105.11	Shut-In(1)
57	1036.78	105.82	End Shut-In(1)
57	27.14	105.47	Open To Flow (2)
77	38.34	107.05	Shut-In(2)
112	1034.47	109.04	End Shut-In(2)
113	1939.15	109.84	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
45.00	Mud 100m ( oil specs)	0.22

\* Recovery from multiple tests

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)





**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Red Oak Energy, Inc

**14 17s 33w Scott, Ks**

7701 E kellogg Dr. STE 700  
Wichita, Ks 67207

**Heyd 2-14**

Job Ticket: 59555

**DST#: 1**

ATTN: Sean Deenihan

Test Start: 2014.12.17 @ 13:03:00

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 56.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.40 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3400.00 ppm

Filter Cake: 1.00 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
45.00	Mud 100m ( oil specs)	0.221

Total Length: 45.00 ft      Total Volume: 0.221 bbl

Num Fluid Samples: 0

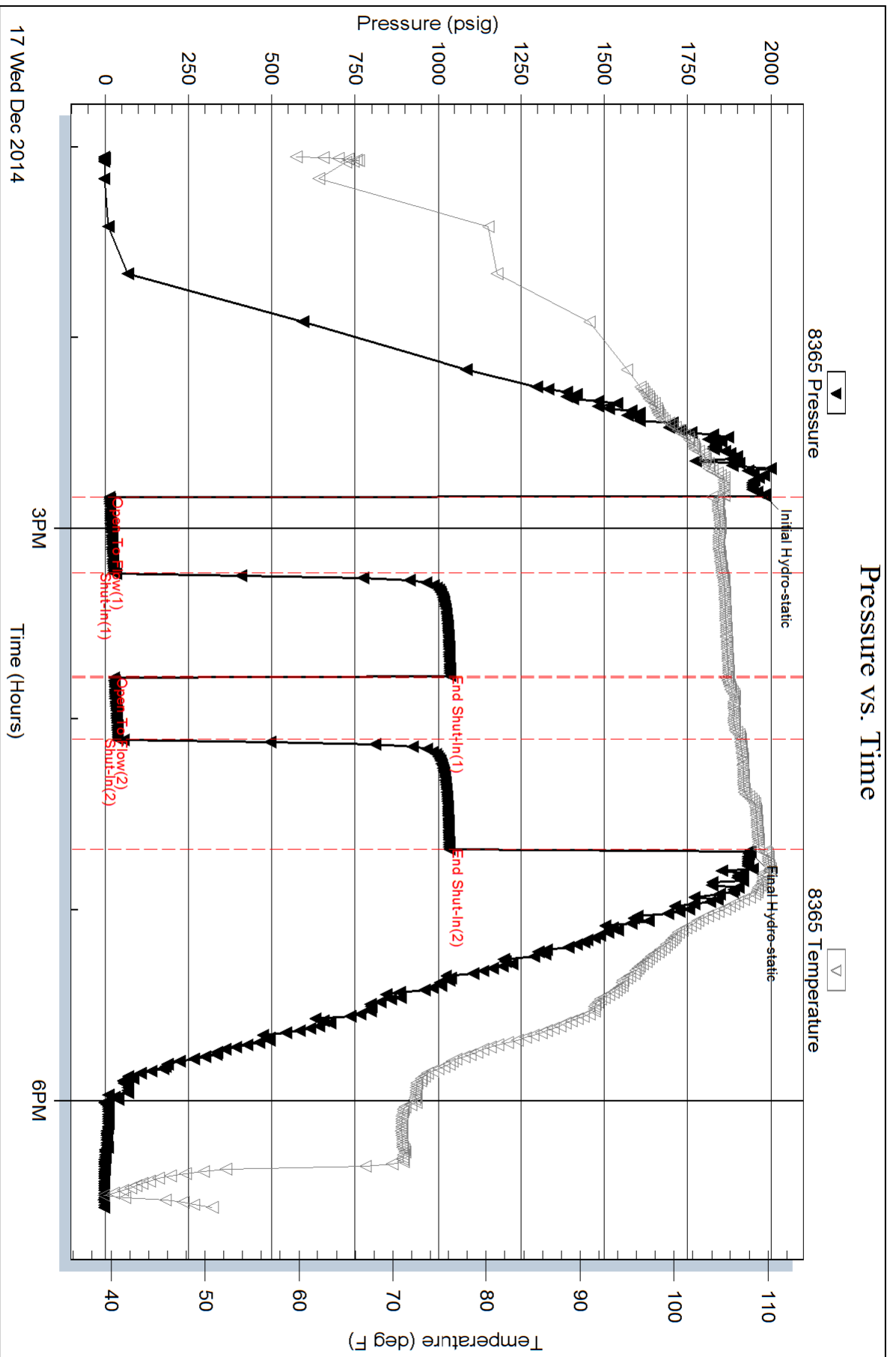
Num Gas Bombs: 0

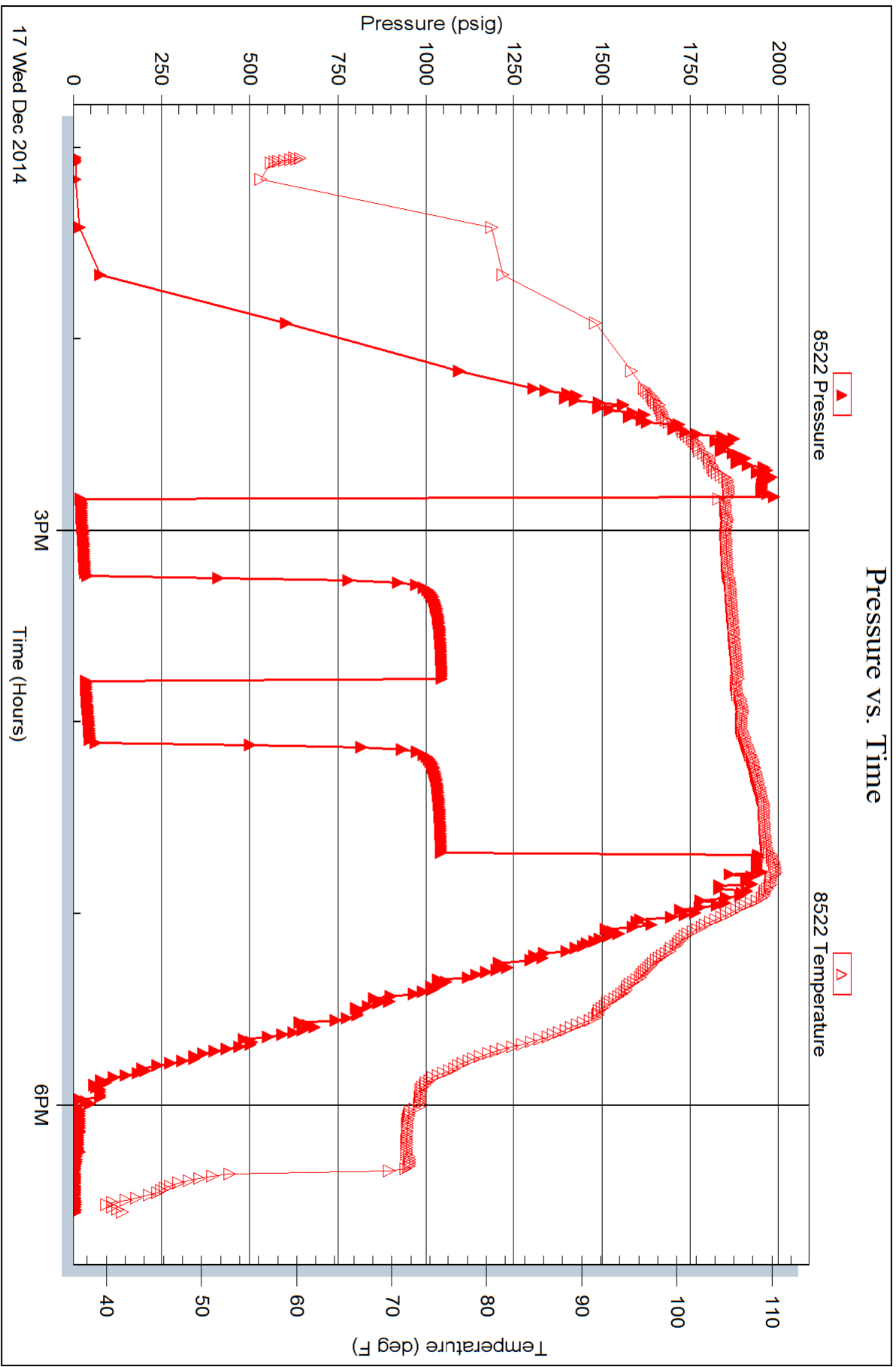
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:







Services, Inc.

TICKET 28184

CHARGE TO: RED OAK ENERGY  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP CODE \_\_\_\_\_

PAGE 1 OF 1

1. SERVICE LOCATION: Ness City, KS WELL/PROJECT NO. \_\_\_\_\_ LEASE: HEYD 2-14 COUNTY/STATE: SCOTT KS DATE: 6/5/15 OWNER: \_\_\_\_\_  
 2. \_\_\_\_\_ TICKET TYPE: CONTRACTOR CONTRACTOR: DSFUD WELL SERV RIG NAME/NO. \_\_\_\_\_ SHIPPED VIA: \_\_\_\_\_ DELIVERED TO: \_\_\_\_\_ ORDER NO. \_\_\_\_\_  
 3. \_\_\_\_\_ WELL TYPE: OIL WELL CATEGORY: DEVELOPMENT JOB PURPOSE: Cement Port Collar WELL PERMIT NO. \_\_\_\_\_ WELL LOCATION: N To Hwy 4, W of 25 West  
 4. REFERRAL LOCATION: \_\_\_\_\_ INVOICE INSTRUCTIONS: \_\_\_\_\_

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE \$ 115	80	MIL			1500	1500
576D					Pump Charge						
105					PORT COLLAR OPENING TOOL	1	JOB			350	350
276					FLOCELE	50	lbs			2.50	125
290					D-AIR	2	gals			42	84
330					SMD CEMENT	200	SX			18.50	3700
581					CEMENT SERVICE CHARGE	250	SX			2	520
583					DRAYAGE	249	1/5	99	60	1	9960

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.  
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS  
 DATE SIGNED: 6/5/15 TIME SIGNED: 1445  A.M.  P.M.

REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY:  OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?  WE UNDERSTOOD AND MET YOUR NEEDS?  OUR SERVICE WAS PERFORMED WITHOUT DELAY?  WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS?  ARE YOU SATISFIED WITH OUR SERVICE?  CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 7735  
 TAX: 8.15%  
 TOTAL: 8082.71

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.  
 SWIFT OPERATOR: [Signature] APPROVAL: \_\_\_\_\_  
 Thank You!



