



1133577

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:
 Flowing Pumping Gas Lift 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: SARGENT 7

API/Permit #: 15-205-28070-00-00

Doc ID: 1133577

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	04/11/2013	04/16/2013
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=36&t2509	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=36&t2463
Number of Feet East or West From Section Line	2509	2463
Number of Feet North or South From Section Line	5105	5085
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1131757	../kcc/detail/operatorEditDetail.cfm?docID=1133577



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
- 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
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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

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 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 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
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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				

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
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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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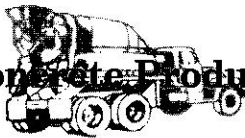
Form	ACO1 - Well Completion
Operator	Blue Top Energy LLC
Well Name	SARGENT 7
Doc ID	1131757

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	21 shots	2" DML-RTG	854 - 864'
		126bbls frack vol: 1620psi	854 - 864'
		3,000lbs sand	854 - 864'

802 N. Industrial Rd.
 P.O. Box 664
 Iola, Kansas 66749
 Phone: (620) 365-5588

Payless Concrete Products, Inc.



Kelly Wrestler

CONDITIONS

Concrete to be delivered to the nearest accessible point over passable road, under truck's own power. Due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damages in any manner to sidewalks, roadways, driveways, buildings, trees, shrubbery, etc., which are of customer's risk. The maximum allotted time for unloading trucks is 5 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water contents for strength or mix indicated. We do not assume responsibility for strength test when water is added at customer's request.

NOTICE TO OWNER
 Failure of this contractor to pay these persons supplies material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

13300
2126 Iteho Rd
Humb. KS
66748

SOLD TO:

CA001
 CASH CUSTOMER

WR/UDALL
 DAVE WRESTLER/DMJ OIL
 1776 GEORGIA RD HUMBOLDT
 DELTO: 169 S TO 39 W 6.5 MI TO
 UDALL RD S 2 MI TO 200RD W
 1/2 MI S SD

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% CAL	DRIVER/TRUCK	% AIR	PLANT/TRANSACTION #
11:43:04a	WELL	11.00 yd	11.00 yd	0.00	MA 32	0.00	WILCO
DATE	LOAD #	YARDS DEL	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER	
01-08-13	1	11.00 yd	23044	G/yd 0.0	4.00 in	33366	

WARNING

IRRITATING TO THE SKIN AND EYES

Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water. If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE is a PERISHABLE COMMODITY and BECOMES the PROPERTY of the PURCHASER UPON LEAVING the PLANT. ANY CHANGES OR CANCELLATION of ORIGINAL INSTRUCTIONS MUST be TELEPHONED to the OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including reasonable attorneys' fees, incurred in collecting any sums owed.

All accounts not paid within 30 days of delivery will bear interest at the rate of 24% per annum.

Not Responsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.

A \$25 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks.

Excess Delay Time Charged @ \$50/HR.

PROPERTY DAMAGE RELEASE
 (TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)

Dear Customer-The driver of this truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of his truck may possibly cause damage to the premises and/or adjacent property if it places the material in the load where you desire it. It is our wish to help you in every way that we can, but in order to do this the driver is requesting that you sign this RELEASE, relieving him and this supplier from any responsibility from any damage that may occur to the premises and/or adjacent property, buildings, sidewalks, driveways, curbs, etc., by the delivery of this material, and that you also agree to help him remove mud from the wheels of his vehicle so that he will not litter the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of this truck and this supplier for any and all damage to the premises and/or adjacent property which may be claimed by anyone to have arisen out of delivery of this order.

X

Excessive Water is Detrimental to Concrete Performance
 H₂O Added By Request/Authorized By

GAL X

WEIGHMASTER

NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.

LOAD RECEIVED BY:

X

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
11.00	WELL	WELL (10 SACKS PER UNIT)	51.00	561.00
11.00	MIX&HAUL	MIXING & HAULING	25.00	275.00
2.00	TRUCKING	TRUCKING CHARGE	50.00	100.00

SARGENT

PAV #1786
2/14/13
\$1,000

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED
2:07	1:27		1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER	100%
	ARRIVED JOB	START UNLOADING	6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER	TIME DUE
12:08	12:16			
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME
JHR				

SubTotal \$ 961.00
 Tax % 6.300 5897 60.54
 Total \$ 1021.54
 Order \$ 1021.54
 ADDITIONAL CHARGE 1 _____
 ADDITIONAL CHARGE 2 _____
 GRAND TOTAL \$ 994.97

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

April 08, 2013

Dennis Lisack
Blue Top Energy LLC
605 W. St. John
PO BOX 31
GIRARD, KS 66743

Re: ACO1
API 15-205-28070-00-00
SARGENT 7
NE/4 Sec.36-27S-16E
Wilson County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Dennis Lisack



**GAMMA RAY
NEUTRON
CEMENT BOND
COMPLETION LOG**

Company **BLUE TOP ENERGY, LLC**
Well **SARGEANT #7**
Field **BUFFALO-VILAS**
County **WILSON**
State **KANSAS**

Location: **5105 FSL & 2509th FEL
NW NW NW NE
SEC 36 TWP 27S RGE 16E**
Permanent Datum: **GL**
Log Measured From: **GL**
Elevation: **1048'**
K.B. D.I.: **1048'**

Date: **1-14-13**
Run Number: **1 NW**
Depth Driller: **1100'**
Depth Logger: **1005'**
Top Log Interval: **0**
Bottom Logged Interval: **1005'**
Fluid Level: **FULL**
Type Fluid: **WATER**
Production Ceiling: **2.78' @ TD**
Max. Recorded Temp.: **@**
Estimated Cement Top: **@**
Calculated Cement Top: **@**
Amount & Type Cement: **@**
Drilling Contractor: **103**
Equipment Number: **103**
Location: **SOLOMON B**
Recorded By: **LISACK, D**
Witnessed By:

<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

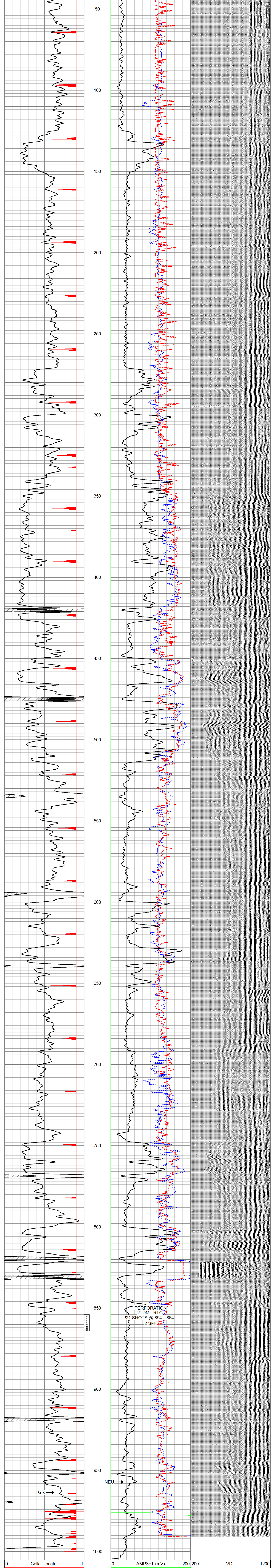
THANK YOU

Sensor	Offset (ft)	Schematic	Description	Len (ft)	OD (in)	Wt (lb)
TEMP	17.42					
WVF3FT	15.33		CBLTEKCO-168 1x2 w Temp (Del) (010) Tekco 400 Deg F 1 11/16" Dual Receiver with Temp	9.75	1.69	50.00
WVFCAL	15.33					
WVF5FT	14.33					
WVWTEMP	10.92					
WVFSYNC	10.92					
GR	7.59		GR-TITAN_169 (TIT169_001) Titan 1 11/16" Gamma Ray	4.75	1.69	20.00
CCL	5.05		CCL-TITAN_169 (TIT169) Titan 1 11/16" Logging CCL	1.83	1.69	7.50
NEU	0.63		NEU-TITAN (TIT801) TITAN 1 11/16" Neutron	4.33	1.69	25.00

Dataset: sargeant #7.db: field/well/run1/pass2.6
Total Length: 20.67 ft
Total Weight: 102.50 lb
O.D.: 1.69 in

Database File: f:\sargeant #7.db
Dataset Pathname: pass2.6
Presentation Format: scbl_dr
Dataset Creation: Mon Jan 14 13:43:40 2013 by Calc Std Casedhole 09061
Charted by: Depth in Feet scaled 1:240

9	Collar Locator	-1	0	AMP3FT (mV)	200	200	VDL	1200
0	Gamma Ray	150	1200	TT3FT (usec)	200			
150	gr	300	1500	TT5FT (usec)	200			
			100	NEU (cps)	1200			



9	Collar Locator	-1	0	AMP3FT (mV)	200	200	VDL	1200
0	Gamma Ray	150	1200	TT3FT (usec)	200			
150	gr	300	1500	TT5FT (usec)	200			
			100	NEU (cps)	1200			

Company **BLUE TOP ENERGY, LLC**
Well **SARGEANT #7**
Field **BUFFALO-VILAS**
County **WILSON** SEC. 36 TWP. 27S RGE. 16E
State **KANSAS** Date **1-14-13**

