



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: _____



1119333

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 |
|---|---|

| 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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|--|--|---|
| 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: _____ _____ |
|--|--|---|

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
**NOTICE OF INJECTION
COMMENCEMENT OR TERMINATION**

Form U-5
July 2003
Form must be Typed
Form must be Signed
All blanks must be Filled
Form must be completed
on a per well basis

Notice of Injection: (check one) Commencement
 Termination
Entire Permit Yes No
 Disposal Enhanced Recovery

Effective Date: 2/25/13
Operator License #: 34595
Operator: TNT ENERGY, LLC.
MICK TOWN (As listed on Operator License)
Name: _____
28906 ORCHARD ROAD
Address: _____
PAOLA, KS 66071

MICK TOWN
Contact Persons Name: _____
Phone Number: (913) 285.1406

Permit Number: 15-121-02214-0001
Entire Permit: Yes No
Sec. 27 Twp. 16 S. R. 25 East West
480 Feet from North / South Section Line West
5170 Feet from East / West Section Line
Lease Description: W/2 SW/4 SEC. 27, TWP. 16, RNG. 25.
LAT... 38°37'18.43"N
LONG... 94°38'19.44"W

Please list all leases and wells affected by this document:

Lease Name: GARDNER
Well Number(s): 3-W
County: MIAMI
Zone Used for Injection: PERU

For Notice of Termination:

Well will be plugged (File a CP-1 form) Well is plugged (File a CP-4 form) Returned to production (File an ACO-1 form) Temporary abandoned (File a CP-111 form with District Office)

A **COPY** of the CP-1, CP-4, ACO-1 or CP-111 form is attached.
(Please mark one)

If well is Temporary Abandoned, file TA form CP-111 with District Office, injection will resume on or about _____ (date)
or when the following work is completed:

I certify that the above is a true and accurate statement of the facts as known this 25TH day of FEBRUARY, 2013.

Signature: _____
Name: MISTY TOWN
Title: EXECUTIVE COORDINATOR

KCC Office Use: KCC District # _____
Submit the following:
 a CP2/3 a field report
 other: _____

CASING MECHANICAL INTEGRITY TEST

DOCKET # E-26576

Disposal Enhanced Recovery:

SW SW SW, Sec 27, T 16 S, R 25 (PM)

Repressuring
Flood
5 Year Tertiary

525 Feet from South Section Line
515 Feet from East Section Line

Date injection started _____
API #15 - Victoria

Lease Quaker Well # 3-W
County Alameda

Operator: TNT Energy LLC

Operator License # 34595

Name & Address 28906 Oakland Road

Contact Person Mark Tean

Peola, K, 66091

Phone 913-265-4486

Max. Auth. Injection Press. _____ psi; Max. Inj. Rate _____ bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____

Conductor _____ Surface Production _____ Liner _____ Tubing _____

Size _____

Size _____

Set at _____

Set at _____

Cement Top _____

Set at _____

" Bottom _____

Set at _____

DV/Perf. _____

TD (and plug back) _____ ft. depth

Packer type _____ Size _____ Set at _____
Zone of Injection 370 ft. to ft. 394 Perf. or Open hole OH

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 20 Min. 40 Min. 60 Min.

I Pressures: 110 100 100 Set up 1 System Pres. during test _____

L D _____ Set up 2 Annular Pres. during test _____

D D _____ Set up 3 Fluid loss during test _____ bbls.

A T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with Fluid Deposition Test

Test Date 2/13/2013 Using Midwest Survey Inc. Company's Equipment

The operator hereby certifies that the zone between 0 feet and 370 feet

was the zone tested Robert Reed Contractor Title _____

The results were Satisfactory Marginal _____, Not Satisfactory _____

State Agent _____ Title _____ Witness: Yes _____ No _____

REMARKS: Fluid level on 145' Ann Surface 370-145=225 X 43 = 97

Origin. Conservation Div.; KDHE/T; Dist. Office;

Computer Update KOC Form U-7 6/84