



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

Yes No

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: _____



1123538

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
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Nemaha Oil and Gas LLC
Well Name	Massey 1A-18-34-9H
Doc ID	1123538

Tops

Name	Top	Datum
Penn SS A	914	50
Penn SS B	1166	-202
Penn SS C	1395	-431
Penn SS D	1464	-500
Kansas City Group (SS/LS)	1588	-624
Pawnee LS	1915	-951
Cherokee (Penn) Shale	2031	-1062
Mississippi Lime	2314	-1300

Form	ACO1 - Well Completion
Operator	Nemaha Oil and Gas LLC
Well Name	Massey 1A-18-34-9H
Doc ID	1123538

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	5844-5845,5902-5903,5960-5961,6018-6019,6076-6077,6134-6135,6192-6193	20,538 GA, 116,634 GW, 50,883# SAND	2441' TVD
6	5438-5439,5496-5497,5554-5555,5612-5613,5670-5671,5728-5729,5786-5787	21,042 GA, 126,336 GW, 47,187 # SAND	2417' TVD
6	5032-5033,5090-5091,5148-5149,5206-5207,5264-5265,5323-5324,5380-5381	19,740 GA, 118,692 GW, 32,400 # SAND	2397' TVD
6	4626-4627,4684-4685,4742-4743,4800-4701,4858-4859,4916-4917,4974-4975	22,932 GA, 138,348 GW, 44,300 # SAND	2340' TVD
6	4220-4221,4278-4279,4336-4337,4394-4395,4452-4453,4515-4516,4568-4569	22,470 GA, 124,026 GW, 45,822 # SAND	2397' TVD

Form	ACO1 - Well Completion
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Perforations

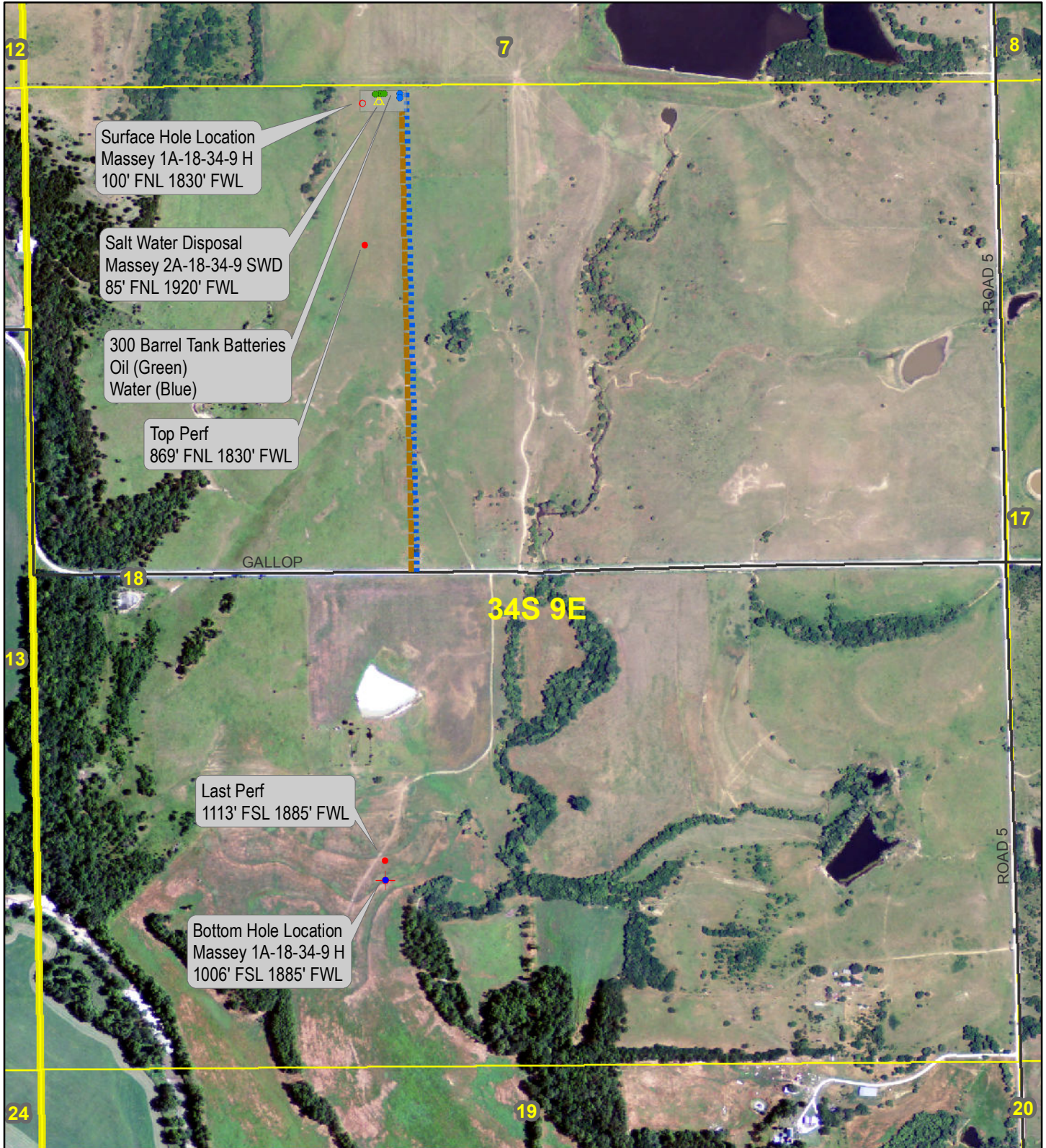
Shots Per Foot	Perforation Record	Material Record	Depth
6	3814-3815,3872-3873,3930-3931,3988-3989,4046-4047,4110-4111,4162-4163	22,050 GA, 118,902 GW, 45,822 # SAND	2396' TVD
6	3408-3409,3466-3467,3530-3531,3582-3583,3640-3641,3698-3699,3756-3757	22,554 GA, 120,792 GW, 43,140 # SAND	2410' TVD
6	3002-3003,3060-3061,3110-3111,3176-3177,3234-3235,3292-3293,3350-3351	18,984 GA, 132,468 GW, 58,800 # SAND	2428' TVD

Massey 1A-18-34-9 H

Massey 2A-18-34-9 SWD

Chautauqua County, KS

Section 18 T34S R9E



March 5, 2013



N E M A H A
O I L A N D G A S

- Proposed Lease Road
- Proposed Electric Line
- Paved Road
- Gravel/Dirt Road



0 437.5 875 1,750 Feet

#25557



CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Nemehah	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	9 5/8" Surface	Section		Excess (%)	50%
Customer Acct #	SLT	TWP		Density	13.6, 14.5
Well No.	Massey #1-A	RGE		Water Required	7.2, 7.29
Mailing Address		Formation		Yield	1.47, 1.52
City & State		Tubing		Sacks of Cement	175, 50 sks
Zip Code		Drill Pipe		Slurry Volume	46, 13.5 BBL
Contact		Casing Size	9 5/8" 36#	Displacement	49.9 51.6 BBL
Email		Hole Size	12 1/4"	Displacement PSI	350
Cell		Casing Depth	669'	MIX PSI	100
Dispatch Location	BARTLESVILLE	Displace Depth	645.5'	Rate	4
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401S	CEMENT PUMP (SURFACE PIPE)	1	2 HRS MAX	\$825.00	\$ 825.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	60	PER MILE	\$4.00	\$ 240.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	2	PER LOAD	\$350.00	\$ 700.00
5609	MISC PUMP (CEMENT TRUCK)	6	PER HOUR	\$200.00	\$ 1,200.00
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
5402	FOOTAGE	669	PER FOOT	0.22	\$ 147.18
				EQUIPMENT TOTAL	\$ 3,112.18
Cement, Chemicals and Water					
1131	60/40 POZMIX CEMENT W/ NO ADDITIVES (40% POZ)	175	0		
1118B	PREMIUM GEL/BENTONITE (50#)	450	0	\$12.65	\$ 2,213.75
1111	GRANULATED SALT (50#) SELL BY #	200	0	\$0.21	\$ 94.50
3123	DIACEL FL. FLUID LOSS (50#/SX) sell by #	150	0	\$0.37	\$ 74.00
1107A	PHENOSEAL	120	0	\$13.75	\$ 2,062.50
1126	OWC. CEMENT (CAL SEAL) 8%OWC. 2% CAL. CLORIDE 2% GE	50	0	\$1.29	\$ 154.80
1123	CITY WATER (PER 1000 GAL)	4	0	\$18.80	\$ 940.00
0				\$16.50	\$ 64.00
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
0				\$0.00	\$ -
				CHEMICAL TOTAL	\$ 5,605.55
Water Transport					
5501C	WATER TRANSPORT (CEMENT)	13	WATER TRANSPORT (CEME	\$112.00	\$ 1,456.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				TRANSPORT TOTAL	\$ 1,456.00
Cement Floating Equipment (TAXABLE)					
0	Centralizer		0	\$0.00	\$ -
0			0	\$0.00	\$ -
0	Float Shoe		0	\$0.00	\$ -
0	Float Collars		0	\$0.00	\$ -
0	Guide Shoes		0	\$0.00	\$ -
0	Baffle and Flapper Plates		0	\$0.00	\$ -
0	Packer Shoes		0	\$0.00	\$ -
0	DV Tools		0	\$0.00	\$ -
0	Ball Valves, Swedges, Clamps, Misc.		0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Plugs and Ball Sealers					
4415	9 5/8" RUBBER PLUG (TOP)	1	PER UNIT	\$152.00	\$ 152.00
0				\$0.00	\$ -
Downhole Tools					
Nemaha Oil and Gas, LLC					
				CEMENT FLOATING EQUIPMENT TOTAL	\$ 152.00
				SUB TOTAL	\$ 10,325.73
				SALES TAX	\$ 487.98
				TOTAL	\$ 10,800.61
				(-DISCOUNT)	\$ 1,080.72
				DISCOUNTED TOTAL	\$ 9,723.24

DRIVER NAME

Chancey Williams
Casey Marrs
Aaron Smith
Jonathon Fullwood

Well Name: Massey 1A-1X-51-9H

AFE #: 101DC2001 Unit Code: 1510.14

Date: 12-28-2012

Field Approval: [Signature]

Supervisor: [Signature]

TITLE: Company Consultant
FOREMAN: Chancey Williams

AUTHORIZATION

DATE: 12-24-12

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.

1/20/2013

#256037

2550000317

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Nemaha	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	longstring	Section	18	Excess (%)	25
Customer Acct #	5678	TWP	34	Density	13.6
Well No.	Massey 1A 18-34-9	RGE	9	Water Required	
Mailing Address		Formation		Yeild	1.47
City & State		Hole Size	8 3/4	Slurry Weight	
Zip Code		Hole Depth		Slurry Volume	
Contact		Casing Size	7INCH,	Displacement	115.96
Email		Casing Depth	2996	Displacement PSI	400
Cell		Drill Pipe	S.J. 45.29	MIX PSI	250
Dispatch Location	BARTLESVILLE	Tubing		Rate	4.5
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401D	DOUBLE PUMP (CASING JOB) 2000'-4000'	1	PER JOB	\$1,430.00	\$ 1,430.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	60	PER MILE	\$4.00	\$ 240.00
5407A	TON MILEAGE DELIVERY	680	PER MILE	\$1.34	\$ 911.20
5619	7 CEMENT HEAD	1	PER JOB	\$215.00	\$ 215.00
5609	MISC PUMP (CEMENT TRUCK)	4	PER HOUR	\$200.00	\$ 800.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
5402	FOOTAGE	2,996	PER FOOT	0.22	\$ 659.12
EQUIPMENT TOTAL					\$ 4,255.32
Cement, Chemicals and Water					
1131	60/40 POZMIX CEMENT W/ NO ADDITIVES (40% POZ)	270	0	\$12.55	\$ 3,388.50
1111	GRANULATED SALT (50#) SELL BY #	320	0	\$0.37	\$ 118.40
1118B	PREMIUM GEL/BENTONITE (50#)	500	0	\$0.21	\$ 105.00
1107A	PHENOSEAL	100	0	\$1.29	\$ 129.00
3123	DIACEL FL. FLUID LOSS (50#/SX) sell by #	216	0	\$13.75	\$ 2,970.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
CHEMICAL TOTAL					\$ 6,710.90
Water Transport					
5501C	WATER TRANSPORT (CEMENT)	10	TER TRANSPORT (CEME	\$112.00	\$ 1,120.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
TRANSPORT TOTAL					\$ 1,120.00
Cement Floating Equipment (TAXABLE)					
0	Cement Basket				
0	Centralizer		0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0	Float Shoe				
0			0	\$0.00	\$ -
0	Float Collars				
0			0	\$0.00	\$ -
0	Guide Shoes				
0			0	\$0.00	\$ -
0	Baffle and Flapper Plates				
0			0	\$0.00	\$ -
0	Packer Shoes				
0			0	\$0.00	\$ -
0	DV Tools				
0			0	\$0.00	\$ -
0	Ball Valves, Swedges, Clamps, Miss				
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0	Plugs and Ball Sealers				
4409	7" RUBBER PLUG (TOP)	1	PER UNIT	\$82.00	\$ 82.00
0	Downhole Tools				
0			0	\$0.00	\$ -
CEMENT FLOATING EQUIPMENT TOTAL					\$ 82.00
SUB TOTAL					\$ 12,168.22
8.30% SALES TAX					\$ 663.83
TOTAL					\$ 12,732.05
10% (-DISCOUNT)					\$ 1,273.20
DISCOUNTED TOTAL					\$ 11,458.85

Nemaha Oil and Gas, LLC
 DRUG / COMP Date: 1-20-2013
 Well Name: Massey 1A-18-34-9H
 AFE #: 1010612001 Cost Code: 1310-14
 Supervisor: [Signature]

AUTHORIZATION [Signature]
 DATE 1-20-2013

TITLE [Signature]
 FOREMAN [Signature]

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.

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Nemaha	State, County	Chautauqua , Kansas	Cement Type	
Customer Acct #	longstring	Section	18	Excess (%)	25
Well No.	0	TWP	34	Density	13.6
Mailing Address	Massey 1A 18-34-9	RGE	9	Water Required	0
City & State	0	Formation	0	Yeild	1.47
Zip Code	0	Hole Size	8 3/4	Slurry Weight	0
Contact	0	Hole Depth	0	Slurry Volume	0
Email	0	Casing Size	7INCH,	Displacement	115.96
Cell	0	Casing Depth	2996	Displacement PSI	400
Office	0	Drill Pipe	S.J. 45.29	MIX PSI	250
Dispatch Location	BARTLESVILLE	Tubing	0	Rate	4.5

REMARKS

Hooked upto well hed a safty meeting with rig hands, company man and cows hands. Shut head in and pressure tested to 3000psi. Opened head and established circulation. Ran 270sks of 60/40poz mix with 2%gel and salt .8 diacel fl and .4 pheno. Pump rate was 4.5bpm at 250psi. Ran 70bbbls of slurry and shut down. Shut bottom of head and unscrewed plug pin and opened top of head. Displaced at 4.5bpm at 400psi for 100bbbls then slowed down to 3bpm the last 15bbbls. Plug landed at 118bbbls at 1650psi. Shut down and waited 5 minutes then releasd into back tanks plug held. Riged down off the well and washed up.

Plug down at 1:50 a.m.

APPOX 2000ft of coverage.

SAFTY MEETING

Summary of Changes

Lease Name and Number: Massey 1A-18-34-9H

API/Permit #: 15-019-27275-01-00

Doc ID: 1123538

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	03/06/2013	03/08/2013
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1122377	../../../../kcc/detail/operatorEditDetail.cfm?docID=1123538

Summary of Attachments

Lease Name and Number: Massey 1A-18-34-9H

API: 15-019-27275-01-00

Doc ID: 1123538

Correction Number: 2

Attachment Name

Massey 1A post activity map

Massey 1A Post Job Cement Reports

**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

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 DistributionALT I II III Approved by: _____ Date: _____



CONFIDENTIAL

WELL COMPLETION FORM

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

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:

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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 #: _____

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Elevation: Ground: _____ Kelly Bushing: _____

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feet depth to: _____ w/ _____ sx cmt.

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Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

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

County: _____ Permit #: _____

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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: _____