



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: _____



1157365

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	

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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CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 06-APR-13	F.R. # 1001977032	SERV. SUPV. Justin D Stamper
LEASE & WELL NAME KNOCHE TRUST 2408 #31-1 - API 1515521610000	LOCATION 31-24S-8W		COUNTY-PARISH-BLOCK Reno Kansas
DISTRICT McAlester	DRILLING CONTRACTOR RIG #		TYPE OF JOB Surface

SIZE & TYPE OF PLUGS	LIST-CSG-HARDWARE	MECHANICAL BARRIERS	MD	TVD	HANGER TYPES	MD	TVD
9-5/8" Top Cem Plug, Nitrile cvr, Phe	Shoe PROVIDED BY CUSTOMER						

MATERIALS FURNISHED BY BJ	LAB REPORT NO.	PHYSICAL SLURRY PROPERTIES						
		SACKS OF CEMENT	SLURRY WGT PPG	SLURRY YLD FT	WATER GPS	PUMP TIME HR:MIN	Bbl SLURRY	Bbl MIX WATER
WATER			8.4				20	
C + 2%CaCl2+.25#CELLOFLK		270	14.8	1.35	6.34	02:45	64.74	40.74
WATER			8.34				24	
Available Mix Water <u>500</u> Bbl.		Available Displ. Fluid <u>500</u> Bbl.		TOTAL			108.74	40.74

HOLE			TBG-CSG-D.P.						COLLAR DEPTHS			
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
12.25		350	8.921	9.625	36	CSG	350	350	J-55			

LAST CASING				PKR-CMT RET-BR PL-LINER				PERF. DEPTH		TOP CONN		WELL FLUID	
ID	OD	WGT	TYPE	MD	TVD	BRAND & TYPE	DEPTH	TOP	BTM	SIZE	THREAD	TYPE	WGT.
18.	18	47.		60	60					9.625	8RD		

DISPL. VOLUME		DISPL. FLUID		CAL. PSI	CAL. MAX PSI	OP. MAX	MAX TBG PSI		MAX CSG PSI		MIX WATER
VOLUME	UOM	TYPE	WGT.	BUMP PLUG	TO REV.	SQ. PSI	RATED	Operator	RATED	Operator	RIG
24	BBLS	WATER	8.34	150					2860	1500	RIG

EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: ARRIVE ON LOCATION, RIG UP, WAIT ON CASING

PRESSURE/RATE DETAIL						EXPLANATION	
TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>	
	PIPE	ANNULUS				TEST LINES 3400 PSI	
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
00:00						ARRIVE ON LOCATION	
02:00						SAFETY MEETING	
02:34	3400				WATER	TEST LINES, START WATER SPACER	
02:40	150		4	20	WATER	FINISH WATER, START SLURRY	
02:57	90		4	67	SLURRY	FINISH SLURRY, SHUT DOWN, DROP PLUG AND DISPLACE	
03:07	130		3	24	WATER	BUMP PLUG, PRESSURE UP TO 1120 PSI	
03:12					WATER	BLEED OFF RECEIVED .25 BBLS BACK TO TRUCK	
						FLOATS HOLDING	
						THANK YOU FOR USING BHI	
						JUSTIN STAMPER AND CREW	

BUMPED PLUG	PSI TO BUMP PLUG	TEST FLOAT EQUIP.	BBL.CMT RETURNS/ REVERSED	TOTAL BBL. PUMPED	PSI LEFT ON CSG	SPOT TOP OUT CEMENT	SERVICE SUPERVISOR SIGNATURE:
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1120	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	34	111	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

CEMENT JOB REPORT



CUSTOMER SHELL WESTERN E & P INC	DATE 16-APR-13	F.R. # 1001979996	SERV. SUPV. Jonathan M Schulz
LEASE & WELL NAME KNOCHE TRUST 2408 #31-1 - API 1515521610000	LOCATION 31-24S-8W		COUNTY-PARISH-BLOCK Reno Kansas
DISTRICT McAlester	DRILLING CONTRACTOR RIG #		TYPE OF JOB Intermediate

SIZE & TYPE OF PLUGS	LIST-CSG-HARDWARE	MECHANICAL BARRIERS	MD	TVD	HANGER TYPES	MD	TVD
	Provided by Customer						

MATERIALS FURNISHED BY BJ	LAB REPORT NO.	PHYSICAL SLURRY PROPERTIES						
		SACKS OF CEMENT	SLURRY WGT PPG	SLURRY YLD FT	WATER GPS	PUMP TIME HR:MIN	Bbl SLURRY	Bbl MIX WATER
SealBond Spacer			8.45				40	
C15:85:8 + 4pps Kolseal+10%Salt+1/4ppsCelloflake +		235	12.4	2.45	13.52	05:45	100	73.77
C50:50:2 +4pps Kolseal+ .15% FI-52+5%Salt+1/4ppsC		85	14.2	1.32	5.66	04:33	21	12.04
fresh water			8.34				163	

Available Mix Water <u>400</u> Bbl.	Available Displ. Fluid <u>300</u> Bbl.	TOTAL <u>324</u> <u>85.81</u>
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HOLE			TBG-CSG-D.P.						COLLAR DEPTHS			
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE
8.75		4309	6.366	7	23	CSG	4291	4291	L-80			

LAST CASING				PKR-CMT RET-BR PL-LINER			PERF. DEPTH		TOP CONN		WELL FLUID		
ID	OD	WGT	TYPE	MD	TVD	BRAND & TYPE	DEPTH	TOP	BTM	SIZE	THREAD	TYPE	WGT.
8.9	9.625	36	CSG	364	364			4600	4600	7	8RD		

DISPL. VOLUME		DISPL. FLUID		CAL. PSI	CAL. MAX PSI	OP. MAX	MAX TBG PSI		MAX CSG PSI		MIX WATER
VOLUME	UOM	TYPE	WGT.	BUMP PLUG	TO REV.	SQ. PSI	RATED	Operator	RATED	Operator	
163	BBLS	fresh water	8.34	800						4000	Rig Tank

EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: Arrive on location 1300, Top drive broke down, Running Casing,

PRESSURE/RATE DETAIL						EXPLANATION					
TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>					
	PIPE	ANNULUS				TEST LINES 5200 PSI					
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>					
13:00						Arrive on location					
00:00				40	SPACER	rig pumps sealbond spacer					
00:28	5300				WATER	test pumps & lines					
00:33	113		4		LEAD	open well/start lead slurry 12.4ppg					
00:57	300		4	100	LEAD	end lead slurry/start tail slurry 14.2ppg					
01:04	115		3	21	TAIL	end tail slurry					
01:11	96		3		WATER	drop TRP/start displacement					
01:30	300		5	60	WATER	catch cement slow rate to 4bpm					
01:51	1038		4	150	WATER	bbls pumped slow rate to bump					
01:56	1550		3	163	WATER	bump plug/conduct casing test					
02:02	1560					end test					
02:03	0			- .75		check floats/ holding/ bbls back					
						Calculated Top of Lead 874'					
						Calculated Top of Tail 3785'					
						Thanks for Using BHI Pressure Pumping					
						Jonathan Schulz & Crew					

BUMPED PLUG	PSI TO BUMP PLUG	TEST FLOAT EQUIP.	BBL.CMT RETURNS/ REVERSED	TOTAL BBL. PUMPED	PSI LEFT ON CSG	SPOT TOP OUT CEMENT	SERVICE SUPERVISOR SIGNATURE:
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1550	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	0	324	0	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	



Knoche Trust 2408 31-1 (SWD)

Nabors 102

SHL							Well Information					
1,600' FEL	325' FNL		State Plane NAD 27 (Kansas South)				SITP:	1000 psi	Network #:		30179229	
Section 31	T	24	R	8	X	2,075,300.86	Y	458,514.330		FTP:	5000 psi	
County	Reno	State	Kansas		LAT	37° 55' 32.29"	LONG	98° 14' 20.18"		BHT:	145 °F	
BHL							H2S:	No		API #:	15-155-21610-00-00	
1,600' FEL	325' FNL		X				2,075,300.86	Y	458,514.33		Lease:	Knoche Trust 2408
Section 31	T	24	R	8	LAT	37° 55' 32.29"	LONG	98° 14' 20.18"		CO2:	No	
							Permit TD:	5088		Well Life:	25 yrs	
							RKB GROUND ELEV.:	31.70'	1643.0'			

Directional	Formation	MD	TVD
	Water Table	200	200
	No dir. work in Surf. Hole		
	Surface Casing point	345	345
	Hutchinson Salt Top	884	884
	Hutchinson Salt Base	1,277	1,277
	Nolas Limestone	1,400	1,400
	Fort Rileiley	1,579	1,579
	Onaga	2,198	2,198
	Topeka	2,723	2,723
	Heebner B	3,121	3,121
	Lansing-KC Group	3,310	3,310
	Marmaton A	3,589	3,589
	Hushpuckney Shale	3,627	3,627
	Marmaton B	3,699	3,699
	Cherokee Group	3,782	3,782
	Basal Penn. Congl.		
	Top of Mississippi	3,838	3,838
	Northview		
	Compton		
	Kinderhook Shale	3,926	3,926
	Pre Woodford Unc.	4,162	4,162
	Viola Limestone	4,183	4,183
	Simpson		
	Simpson Shale	4,248	4,248
	Arbuckle	4,288	4,288
	Intermediate Casing point	4,286	4,286

TOC (Surf): Surface
12-1/4" Hole
 Top of tail: Surface
 Tail 14.8 ppg
100% excess in OH
9-5/8" 36# K55 STC
 Max. Sfc. Csg. Depth = 784 ft MD ~100 ft above Salt Zone
 FIT = 13.5 ppg

TOC at 900'
 Lead : 12.4 ppg slurry
30% excess in OH

8-3/4" Hole

Loss Zones seen ~100' below Miss. Lime top at recent offsets wells

Top of tail: 3786 ft MD
 Tail 14.8 ppg
30% excess in OH
7" 23# L80 LTC

BHST @ ~140 deg F
 FIT 10 ppg

6-1/8" Hole

Drill with saltwater from intermediate section
 Follow Mud Plan to deal with expected losses
 MW 8.4 ppg

Mud Program
 Fresh Water / Spud Mud
 MW: < 9 ppg

Fresh Water w/ gel sweeps
 MW < 9, high Cl

Salt water w/ gel sweeps
 Dilute as required

At 1777' Displace to:
 LSND (GelLig WBM)
 MW: 8.9 - 9.0 ppg

@ 1st sign of losses
 background LCM 3-3-3
 3 ppb fine +
 3 ppb medium +
 3 ppb coarse

OH Wireline Logs:
Run #1: Quad Combo, GEMS, FMI (Borehole Image)
Run #2: NMR

Evaluation
 Log Mud Gas to TD
Mud Log
 Samples every 40'

From	To	Footage
0'	345'	345'

Cuttings samples every 20'
 Minimum 3 samples / hour

MWD:
 GR Only

Mud log
 Surf Csg - 100' above Miss
 Samples every 40'
 100' above Miss - Int Csg
 Samples every 20'
 Mimimum 3 samples/hr

Trip to L/D Mud Motor @ 3700'

Control Drill @ 10fph f/ 3800'

Coring Starts @ 3838'
 Top of Miss. Lime
 Coring Interval ~90'

Uncertainty is "+ or -" 100'
 Goal is to set shoe 20' into Arbuckle

TD will be based on opening up sufficient hole to provide good injection zone. Plan for 800'

TD is 900' below Arbuckle top
Actual TD 4,982
 Permit depth 5,088

Knoche Trust 2408-31				
Contractor		Pete Martin Drilling		
	SWD CONDUCTOR	SWD MOUSE HOLE	1-H CONDUCTOR	1-H MOUSE HOLE
Call in DATE OF SPUD	3/1/2013		3/4/2013	
spud in date	3/1/2013	3/5/2013	3/4/2013	3/10/2013
T.D date	3/3/2013	3/8/2013	3/5/2013	3/12/2013
Size Hole Drilled	30"	24"	30"	24"
Size Caseing Set (in O.D)	18"	14"	18"	14"
conductor wall thickness	.236	.219	.236	.219
Weight Lbs./Ft.	45lbs	32.26lbs	45lbs	32.26lbs
Setting Depth	60ft	77ft	60'	77'
Type of Cement	Portland Neat	Portland Neat	Portland Neat	Portland Neat
Cubic yards of cement	7cy	9cy	6cy	7cy
2500 PSI Grout Mix	yes	yes	yes	yes
Type and Percent of Additives	0%	0%	0%	0%
Comments formation	sand to 24ft water at 24ft, small amounts of grey clay at 58ft,	0-8ft top soil 8-24ft sand water at 24ft, 24-45ft clay 45-71ft sand 75-76ft red clay	0-8ft topsoil sand the rest of the way to 60ft water at 24ft	0-8ft top soil 8-24ft sand water at 24ft, 24-45ft clay 24-71f sand 71 to 76ft red clay

Summary of Changes

Lease Name and Number: Knoche Trust 2408 31-1

API/Permit #: 15-155-21610-00-00

Doc ID: 1157365

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Amount of Surface Pipe Set and Cemented at	0	345
Approved Date	03/28/2013	09/06/2013
CasingAdd_Type_PctPDF_2		2%CaCl2+.25# Celloflk
CasingAdd_Type_PctPDF_3		See Attached
CasingNumbSacksUsedPDF_2		270
CasingNumbSacksUsedPDF_3		320
CasingPurposeOfStringPDF_2		Surface
CasingPurposeOfStringPDF_3		Intermediate
CasingSettingDepthPDF_2		345
CasingSettingDepthPDF_3		4286

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
CasingSizeCasingSetP DF_2		9.625
CasingSizeCasingSetP DF_3		7
CasingSizeHoleDrilledP DF_2		12.25
CasingSizeHoleDrilledP DF_3		8.75
CasingTypeOfCementP DF_2		Class C
CasingTypeOfCementP DF_3		Class C
CasingWeightPDF_2		36
CasingWeightPDF_3		23
Completion Or Recompletion Date	03/03/2013	04/13/2013
Date Reached TD	03/03/2013	04/13/2013
Formation Top Source - Log	No	Yes
Method Of Completion - Open Hole	No	Yes
Producing Formation	CONDUCTOR ONLY	Mississippi

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Purchaser's Name	CONDUCTOR ONLY	
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1128776	../../../../kcc/detail/operatorEditDetail.cfm?docID=1157365
TopsDepth1		3838
TopsDepth2		3926
TopsDepth3		4162
TopsDepth4		4183
TopsDepth5		4248
TopsDepth6		4288
TopsName1	CONDUCTOR ONLY	Mississippi
TopsName2		Kinderhook Shale
TopsName3		Pre Woodford Unc.
TopsName4		Viola Limestone
TopsName5		Simpson Shale

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
TopsName6		Arbuckle
Total Depth	60	4982

Summary of Attachments

Lease Name and Number: Knoche Trust 2408 31-1

API: 15-155-21610-00-00

Doc ID: 1157365

Correction Number: 1

Attachment Name

Knoche SWD Surface Casing Cement Report

Knoche SWD Intermediate Casing Cement Report

Knoche SWD Well Bore Diagram

Knoche Conductors



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:

- 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: _____