

WELL COMPLETION FORM  
WELL HISTORY AND DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33864 **MAR 04 2009**  
Name: Habit Petroleum, LLC  
Address 1: 639 280th Ave  
Address 2: \_\_\_\_\_  
City: Hays State: KS Zip: 67601 + \_\_\_\_\_  
Contact Person: Irvin E Haselhorst  
Phone: ( 785 ) 623-1154

CONTRACTOR: License # Professional Pulling Service  
Name: 32810  
Wellsite Geologist: Duane Steckline  
Purchaser: Coffeyville Resources

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SIOW  
 Gas  ENHR  SIGW  
 CM (Coal Bed Methane)  Temp. Abd.  
 Dry  Other \_\_\_\_\_  
(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:  
Operator: Phillips Petroleum, Co  
Well Name: Nech #4  
Original Comp. Date: 6-11-52 Original Total Depth: 3509  
 Deepening  Re-perf.  Conv. to Enhr.  Conv. to SWD  
 Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled Docket No.: \_\_\_\_\_  
 Dual Completion Docket No.: \_\_\_\_\_  
 Other (SWD or Enhr.?) Docket No.: \_\_\_\_\_  
11-23-07 12-28-07 2-9-08  
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 163-02242-0001  
Spot Description: NE-NW-SE  
NE NW SE Sec. 15 Twp. 9 S. R. 19  East  West  
2310 Feet from  North /  South Line of Section  
1650 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW

County: Rooks  
Lease Name: Nech Well #: 4  
Field Name: Chandler

Producing Formation: 2nd break ar buckle  
Elevation: Ground: 2080 Kelly Bushing: 2084  
Total Depth: 3517 Plug Back Total Depth: 3517  
Amount of Surface Pipe Set and Cemented at: 207 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: Port Cellar 456 Feet  
If Alternate II completion, cement circulated from: 1456  
feet depth to: Surface w/ 375 sx cmt.

Drilling Fluid Management Plan WONJ 12/809  
(Data must be collected from the Reserve Pit)

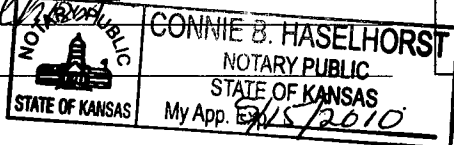
Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls  
Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Irvin E Haselhorst  
Title: President Date: 2-26-09  
Subscribed and sworn to before me this 26 day of Feb,  
20 09.  
Notary Public: Connie B Haselhorst  
Date Commission Expires: 5/15/2010



**KCC Office Use ONLY**  
 Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

Operator Name: Habit Petroleum, LLC Lease Name: Nech Well #: 4  
 Sec. 15 Twp. 9 S. R. 19  East  West County: Rooks

**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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy) (logs from orig. rec'd)</i>  List All E. Logs Run: Dual receiver Cement bond Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample  Name Top Datum 2nd break arbuckle 3517 -1435  <div style="text-align: center;"> <b>RECEIVED</b>                      KANSAS CORPORATION COMMISSION                       MAR 04 2009                       CONSERVATION DIVISION                      WICHITA, KS                 </div>
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CASING RECORD  New  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
Surface	14 3/4	8 5/8	24	207	NA	200	NA
Production	7 7/8	5 1/2	15.5	3506	NA	150	NA
Liner	5 1/2	4 1/2	10.5	3516	Swift multi density standard	200	(Midcon II)

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>3492</u> Packer At: _____	Liner Run: <u>412</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>3516 to surface</u>
Date of First, Resumed Production, SWD or Enhr. <u>2/10/09</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls. <u>34</u> Gas Mcf <u>none</u> Water Bbls. <u>342</u> Gas-Oil Ratio <u>10%</u> Gravity <u>24</u>

DISPOSITION OF GAS: <input checked="" type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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