RECEIVED

CONFIDENTIAL KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

AUG 23 2010

RIGINA

Form ACO-1 June 2009

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

8/20/11

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

| API No. 15 | 0/0-/// |
|---|-----------------------|
| Spot Description: | |
| E2 SW NW NE Sec. 23 Twp. 15 S. R. 2 | 5 ☐ East 🗹 Wes |
| 990 Feet from 🗹 North / | South Line of Section |
| 2,190 Feet from ✓ East / □ | West Line of Section |
| Footages Calculated from Nearest Outside Section Co | |
| ✓ NE □NW □SE □SW | |
| County: Trego | |
| Lease Name: We | ell #: |
| Field Name: Good Science NE | |
| Producing Formation: Mississippi | |
| Elevation: Ground: 2484' Kelly Bushing: | 2491' |
| Total Depth: 4919' Plug Back Total Depth: 4595 | 5' |
| Amount of Surface Pipe Set and Cemented at:26i | 6 Fee |
| Multiple Stage Cementing Collar Used? | |
| If yes, show depth set: 1971' | Fee |
| If Alternate II completion, cement circulated from: 197 | '1' |
| feet depth to: 220'+ w/ 675 | sx cm |
| | |
| Drilling Fluid Management Plan | |
| (Data must be collected from the Reserve Pit) | |
| Chloride content: 9000 ppm Fluid volume: | 210 bbls |
| Dewatering method used: Evaporation | |
| Location of fluid disposal if hauled offsite: | |
| | |
| Operator Name: | |
| Lease Name: License #: | |
| Quarter Sec TwpS. R | |
| County: Permit #: | |

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.

AFFIDAVIT

32278

_ State: KS

Re-Entry

☐ SWD

☐ ENHR

☐ GSW

_____ Original Total Depth: ___

Permit #:

Permit #: ___

Permit #: __

Permit #:

Permit #:

5/6/10

Date Reached TD

Conv. to GSW

67601

CONFIDENTIAL

Workover

Conv. to ENHR Conv. to SWD

Plug Back Total Depth

5/25/10

Completion Date or

Recompletion Date

SIOW

SIGW

Temp. Abd.

OPERATOR: License #

Name:

Address 1:

Address 2: _ City: _Hays

Phone: (

Name:

Tengasco, Inc.

1327 Noose Rd

625-6374

PO Box 458

Contact Person: Gary Wagner

CONTRACTOR: License # 33493

Wellsite Geologist: Mike Bair

Designate Type of Completion:

CM (Coal Bed Methane)

Purchaser: NCRA

New Well

V Oil

☐ Gas

□ og

Operator: ____ Well Name:

Original Comp. Date: ___

Deepening

Plug Back: _

Commingled

SWD

☐ ENHR

☐ GSW

Recompletion Date

4/28/10

Spud Date or

Dual Completion

American Eagle Drilling

☐ wsw

□ D&A

☐ Cathodic ☐ Other (Core, Expl., etc.): _

If Workover/Re-entry: Old Well Info as follows:

Re-perf.

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.

| Signature: | zu, | Dagner | |
|---------------------------|------------|---------------|--|
| Title: Production Manager | <i>C</i> . | Date: 8/20/10 | |

| KCC Office Use ONLY | |
|---|---|
| Date: 8/20/10 - 8/20/11 | |
| Confidential Release Date: | |
| Wireline Log Received | |
| ☑ Geologist Report Received | |
| UIC Distribution | |
| ALT [] X Approved by: Date: 8 26 C |) |