



CONFIDENTIAL WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5010
 Name: Knighton Oil Company, Inc.
 Address 1: 1700 N WATERFRONT PKY
 Address 2: BLDG 100 STE A
 City: WICHITA State: KS Zip: 67206 + _____
 Contact Person: David D. Montague
 Phone: (316) 630-9905
 CONTRACTOR: License # 5010
 Name: Knighton Oil Company, Inc.
 Wellsite Geologist: Dave Montague
 Purchaser: _____

API No. 15 - 15-185-23661-00-00
 Spot Description: _____
SW NW SE SE Sec. 11 Twp. 25 S. R. 14 East West
970 Feet from North / South Line of Section
1,030 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Stafford
 Lease Name: Kachelman Well #: 3
 Field Name: Albano West
 Producing Formation: Viola
 Elevation: Ground: 1959 Kelly Bushing: 1965
 Total Depth: 4328 Plug Back Total Depth: 4326
 Amount of Surface Pipe Set and Cemented at: 260 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.

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #: _____

<u>2/12/2011</u>	<u>2/23/2011</u>	<u>4/06/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content: 8000 ppm Fluid volume: 90 bbls
 Dewatering method used: Hauled to Disposal
 Location of fluid disposal if hauled offsite:
 Operator Name: Dewayns Tank Service
 Lease Name: Cobin License #: 31787
 Quarter SE Sec. 28 Twp. 25 S. R. 13 East West
 County: Stafford Permit #: 5993

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: 04/07/2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 04/12/2011