

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33739
Name: SEK Energy, LLC
Address 1: 149 BENEDICT RD
Address 2: PO BOX 55
City: BENEDICT State: KS Zip: 66714 +
Contact Person: Kerry King
Phone: (620) 698-2150
CONTRACTOR: License # 33739
Name: SEK Energy, LLC
Wellsite Geologist: Julie Shaffer
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: SEK Energy, LLC
Well Name: Bauman, Ruth N. Living Trust #2-24
Original Comp. Date: 09/14/2006 Original Total Depth: 1157

Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW

Plug Back: 902 Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

12/27/10	08/23/2006	12/27/2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-205-26883-00-01
Spot Description:
NE SW NW NE Sec. 24 Twp. 30 S. R. 15 East West
860 Feet from North / South Line of Section
2,280 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wilson
Lease Name: BAUMAN, RUTH N LIVING TRUST Well #: 2-24
Field Name:
Producing Formation: Cherokee Basin CBM
Elevation: Ground: 806 Kelly Bushing: 0
Total Depth: 1157 Plug Back Total Depth: 1148
Amount of Surface Pipe Set and Cemented at: 68 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1148
feet depth to: 0 w/ 125 sx cnt.

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: Deanna Garrison Date: 05/06/2011



1055304

Operator Name: SEK Energy, LLC Lease Name: BAUMAN, RUTH N LIVING TRUST Well #: 2-24
 Sec. 24 Twp. 30 S. R. 15 East West County: Wilson

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 complete copy of all Electric Wire-line 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: <small>Den-Nou Logs DIL Logs Temp Logs</small>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Lenapah Lime</td> <td>400</td> <td>+417</td> </tr> <tr> <td>Altamont Lime</td> <td>441</td> <td>+376</td> </tr> <tr> <td>Pawnee Lime</td> <td>585.5</td> <td>+231.5</td> </tr> <tr> <td>Oswego Lime</td> <td>646</td> <td>+171</td> </tr> <tr> <td>Verdigris Lime</td> <td>756</td> <td>+61</td> </tr> <tr> <td>Mississippi</td> <td>1122</td> <td>-305</td> </tr> </tbody> </table>	Name	Top	Datum	Lenapah Lime	400	+417	Altamont Lime	441	+376	Pawnee Lime	585.5	+231.5	Oswego Lime	646	+171	Verdigris Lime	756	+61	Mississippi	1122	-305
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CASING RECORD <input checked="" 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
Surface	11	8.625	18	68	Portland	40	
Production	6.75	4.5	10.5	1148	Thickset	125	

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 <i>(Amount and Kind of Material Used)</i>	Depth
4	17 Shots at 689-693'	Spot 100gal 15%HCl, breakdown	689-693'
4	9 Shots at 674-676'	perfs, stage 400gal 15%HCl with 40 ballsealers. Total sand = 9,800#	674-676'

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>711'</u> Packer At: <u>n/a</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Date of First, Resumed Production, SWD or ENHR. <u>12/27/2010</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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Oil Bbls.</td> <td style="text-align: center;">Gas Mcf</td> <td style="text-align: center;">Water Bbls.</td> <td style="text-align: center;">Gas-Oil Ratio</td> <td style="text-align: center;">Gravity</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">30</td> <td style="text-align: center;">20</td> <td> </td> <td> </td> </tr> </table>	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	0	30	20		
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: BAUMAN, RUTH N LIVING TRUST 2-24

API/Permit #: 15-205-26883-00-01

Doc ID: 1055304

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
API	15-205-26883-00-00	15-205-26883-00-01