CONFIDENTIAL

Signature:

Title: President

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

RECEIVED

June 2009

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

OPERATOR: License # 8914	1	API No. 15065-23	3732-00-00 VVI	<i>F</i>
Name: H & C Oil Operating, Inc.		Spot Description:		
Address 1: P.O. Box 86		SE SE NE Sec. 25 Twp. 9 S. R. 25 East West		
Address 2:		2,310 Feet from North / South Line of Section		
City: Plainville State: KS Zip: 6	7663 . 0086		Feet from Z East /	
			from Nearest Outside Section C	
Contact Person: Charles R. Ramsay 785 434-7434		-	□NW □SE □SW	
Phone: (785) 434-7434 CONTRACTOR: License # 33493 Name: American Eagle Drilling, LLC		Graham		
		Lease Name Steelsmith Well # 25-1 Field Name Wildcat		
Purchaser: Coffeyville Resources		Producing Formation	Lansing Kansas City	200
Designate Type of Completion:	and the second second		2587 Kelly Bushing	
-	Workover	Total Depth. 4195	Plug Back Total Depth. 41	
✓ Oil Wsw Swd	siow	Amount of Surface F	Pipe Set and Cemented at	Foot
Gas D&A ENHR	SIGW	Multiple Stage Cem	enting Collar Used? . 📝 Yes [□ №
☐ og ☐ gsw	Temp Abd	If yes, show depth s	et: 2245	Foot
CM (Coal Bed Methane)		If Alternate II compl	etion, cement circulated from: 2	243
Cathodic Other (Core, Expl., etc.):		feet depth to. surfa	ce w/ 195	sx cmt.
If Workover/Re-entry: Old Well Info as follows:				
Operator:		Drilling Fluid Man	agement Plan	
Well Name:		(Data must be collecte	ed from the Reserve Pit)	
Original Comp. Date: Original Total	Depth:	Chloride content:	ppm Fluid volun	ne: _60 bbls
☐ Deepening ☐ Re-perf. ☐ Conv. to EN	IHR Conv. to SWD	Dewatering method	i used: <u>evaporation</u>	
Conv. to G			sposal if hauled offsite:	
Plug Back: Plug E		,		
Commingled Permit #:		Operator Name:		
1 Dual Completion		Lease Name:	License #	:
SWD Permit #:		QuarterSe	ec TwpS. R	
☐ ENUK		County:	Permit #:	
GSW Permit #:	00/40/2011			
04/28/2011 05/05/2011 TD	06/10/2011 Completion Date or			. r579 A. I
Spud Date or Date Reached TD Recompletion Date	Recompletion Date		CONFIDER	E I IME
INSTRUCTIONS: An original and two copies of Kansas 67202, within 120 days of the spud date, of side two of this form will be held confidential fo tiality in excess of 12 months). One copy of all w BE ATTACHED. Submit CP-4 form with all plugg	r a period of 12 months if r	equested in writing and	tion Commission, 180 S. bjarket tule 82-3-130, 82-3-106 and 82-3 submitted with the form (220-22) ched with this form. ALL SEME	0 Room 2078, Wichita, 3-107 apply. Information
				ONLY
AFFIDAVIT	KCC Office Use ONLY			
I am the affiant and I hereby certify that all requirements	ISH V Have been land some	1 6.4		1/27/12
and the statements herein are complete and corre	Ct to the best of my known	اهر 🗀 د	fidential Release Date:	

Date: \$\\\\ 6/27/2011

Wiretine Log Received Geologist Report Received

UIC Distribution