



CONFIDENTIAL

WELL COMPLETION FORM

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

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: Earl M. Knighton, Jr
Phone: (316) 630-9905
CONTRACTOR: License # 5010
Name: Knighton Oil Company, Inc.
Wellsite Geologist: Dave Montague
Purchaser: None

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: _____
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>9/2/2011</u>	<u>9/11/2011</u>	<u>9/11/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-185-23700-00-00
Spot Description: _____
S2 SW NW NW Sec. 16 Twp. 25 S. R. 14 East West
1110 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Stafford
Lease Name: Trudy Well #: 2
Field Name: Jordan
Producing Formation: Lansing, Arbuckle
Elevation: Ground: 1978 Kelly Bushing: 1986
Total Depth: 4240 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 267 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.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 6000 ppm Fluid volume: 80 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: Dewaynes's
Lease Name: Gobin 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: 10/03/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 10/03/2011