



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 6433
 Name: Buck, Paul Jordan
 Address 1: PO BOX 68
 Address 2: _____
 City: SEDAN State: KS Zip: 67361 + 0068
 Contact Person: P.J. Buck
 Phone: (620) 725-3763
 CONTRACTOR: License # 5831
 Name: M.O.K.A.T.
 Wellsite Geologist: None
 Purchaser: Coffeyville Resources

API No. 15 - 15-019-27038-00-00
 Spot Description: _____
SW NW SW SW Sec. 27 Twp. 34 S. R. 10 East West
730 Feet from North / South Line of Section
5115 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Chautauqua
 Lease Name: Buck Well #: 18
 Field Name: Elgin Oil & Gas
 Producing Formation: Wayside
 Elevation: Ground: 1004 Kelly Bushing: 1006
 Total Depth: 1540 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 40 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: 1537
 feet depth to: 0 w/ 145 sx cmt.

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 #: _____
07/15/2011 07/19/2011 08/02/2011
 Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content: 0 ppm Fluid volume: 0 bbls
 Dewatering method used: Evaporated
 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: 09/15/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 09/16/2011