

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
Oil & Gas Conservation Division

WELL COMPLETION FORM

WELL HISTORY / DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34392

Name: TexKan Exploration, LLC

Address 1: P.O. Box H

Address 2:

City: Plainville State: KS Zip: 67663

Contact Person: Bill Robinson

Phone: (785) 688-4040

CONTRACTOR: License # 33350

Name: Southwind Drilling

Wellsite Geologist: Bill Robinson

Purchaser: NA

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 #:

8-27-11

9-8-11

p/a 9-8-11

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market, Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: B. W.

Title: agent Date: 9-14-11

9/4/13

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

ORIGINAL

API No. 15 - 15-097-21696-00-00

Spot Description:

s/2 se ne nw Sec. 25 Twp. 30 S. R. 18 East West

1,280 Feet from North / South Line of Section

2,310 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Kiowa

Lease Name: Sealy Well #: 1

Field Name: WC

Producing Formation: none

Elevation: Ground: 2172 Kelly Bushing: 2184

Total Depth: 5418 Plug Back Total Depth: na

Amount of Surface Pipe Set and Cemented at: 1016 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: ppm Fluid volume: bbls

Dewatering method used: **RECEIVED**

Location of fluid disposal if hauled offsite:

SEP 15 2011

Operator Name:

Lease Name: License #:

Quarter Sec. Twp. S. R. East West

County: Permit #:

CONFIDENTIAL

SEP 14 2013

KCC

KCC Office Use ONLY

Letter of Confidentiality Received Date: 9/14/11 - 9/14/13

Confidential Release Date:

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NJ Date: 10-22-11