

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1  
June 2009  
**Form Must Be Typed**  
**Form must be Signed**  
**All blanks must be Filled**

OPERATOR: License # 32278  
Name: Tengasco, Inc.  
Address 1: PO Box 458  
Address 2: 1327 Noose Rd.  
City: Hays State: KS Zip: 67601 + 9744  
Contact Person: Gary Wagner  
Phone: ( 785 ) 625-6374  
CONTRACTOR: License # 32332  
Name: Fischer Well Service  
Wellsite Geologist: N/A  
Purchaser: Coffeyville Resources

Designate Type of Completion:

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well              | <input type="checkbox"/> Re-Entry                         | <input type="checkbox"/> Workover   |
| <input checked="" type="checkbox"/> Oil        | <input type="checkbox"/> WSW                              | <input type="checkbox"/> SWD        |
| <input type="checkbox"/> Gas                   | <input type="checkbox"/> D&A                              | <input type="checkbox"/> ENHR       |
| <input type="checkbox"/> OG                    | <input type="checkbox"/> GSW                              | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) |   |                                     |
| <input type="checkbox"/> Cathodic              | <input type="checkbox"/> Other (Core, Expl., etc.): _____ |                                     |

If Workover/Re-entry: Old Well Info as follows:

Operator: Tengasco, Inc  
Well Name: Hilgers 'B' #6

Original Comp. Date: 9/19/1983 Original Total Depth: 3535'

- |  |                          |                          |                                       |
|--|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |
|  |                          |                          | <input type="checkbox"/> Conv. to GSW |
| <input type="checkbox"/> Plug Back:      | _____                    | Plug Back Total Depth    | _____                                 |
| <input type="checkbox"/> Commingled      | Permit #:                | _____                    | _____                                 |
| <input type="checkbox"/> Dual Completion | Permit #:                | _____                    | _____                                 |
| <input type="checkbox"/> SWD             | Permit #:                | _____                    | _____                                 |
| <input type="checkbox"/> ENHR            | Permit #:                | _____                    | _____                                 |
| <input type="checkbox"/> GSW             | Permit #:                | _____                    | _____                                 |

<u>11/14/11</u>	<u>11/25/11</u>	<u>11/28/11</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 163-22120-00-01

Spot Description: \_\_\_\_\_

   NW    SE    NE Sec. 17 Twp. 9 S. R. 18  East  West

3,630 Feet from  North /  South Line of Section

990 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE  NW  SE  SW

County: Rooks

Lease Name: Hilgers 'B' Well #: 6

Field Name: McHale

Producing Formation: Arbuckle

Elevation: Ground: 2076' Kelly Bushing: \_\_\_\_\_

Total Depth: 3536' 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/ \_\_\_\_\_

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**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

**KCC WICHITA**

Chloride content: Fresh wtr ppm Fluid volume: 80 bbls

Dewatering method used: rafted to SWD

Location of fluid disposal if hauled offsite:

Operator Name: Tengasco, Inc.

Lease Name: Hilgers 'B' #7 SWD License #: 32278

Quarter NE Sec. 17 Twp. 9 S. R. 18  East  West

County: Rooks Permit #: D-22,406

**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: \_\_\_\_\_

Title: Production Manager Date: 12/14/11

**KCC Office Use ONLY**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III wo Approved by: DJG Date: 12/27/11

Operator Name: Tengasco, Inc. Lease Name: Hilgers 'B' Well #: 6  
 Sec. 17 Twp. 9 S. R. 18  East  West County: Rooks

**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: <b>N/A</b>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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	12-1/4"	8-5/8"	24#	267'	Com	180	3% CC, 2% gel
Production	7-7/8"	5-1/2"	14#	3531'	60/40 poz	150	1% Lomar D, 10% salt

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	0-1401' (Port collar)		300	

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

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TUBING RECORD:	Size: <u>2-7/8"</u>	Set At: <u>3509'</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. <u>12/1/11</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
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Estimated Production Per 24 Hours	Oil Bbls. <u>1.5</u>	Gas Mcf	Water Bbls. <u>330</u>	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input 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: <u>Arb OH 3531-36'</u>
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