## CONFIDENTIAL

Kansas Corporation Commission Oil & Gas Conservation Division

## WELL COMPLETION FORM HISTORY - DESCRIPTION OF WELL & LEASE

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

| 24000  | API No. 15   |
|--|--|
| OPERATOR: License # 31900  |  |
| Name: Nor-West Kansas Oil, L.L.C.  | Spot Description: NE_NE_Sec. 31 Twp. 2 S. R. 20 East  West   |
| Address 1: 20014 283 Hwy.  | · · · · · · · · · · · · · · · · · · ·  |
| Address 2:   | Feet from V North / South Line of Section  |
| City: WaKeeney, State: KS Zip: 67672 + 2722  | 210 Feet from     Feet from Feet from Feet / ■ West Line of Section  |
| Contact Person: Patrick G. Wanker, SecTreas.,  | Footages Calculated from Nearest Outside Section Corner:   |
| Phone: ( 785 ) 743-2769  | ☑NE □NW □SE □SW  |
| CONTRACTOR: License #_ 33575   | County: Phillips   |
| Name: W.W. Drilling, L.L.C.  | Lease Name: Well #:  |
|  | Field Name: Unknown  |
| Wellsite Geologist: Cliff Ottaway  | Producing Formation: None  |
| Purchaser: None  | Elevation: Ground: 2256 Kelly Bushing:   |
| Designate Type of Completion:  |  |
| ☐ New Well ☐ Re-Entry ☐ Workover   | Total Depth: 3940 Plug Back Total Depth: 231   |
| ☐ Oil ☐ WSW ☐ SWD ☐ SIOW   | Amount of Surface Pipe Set and Cemented at: 231 Feet   |
| ☐ Gas 🗹 D&A 🗌 ENHR 🗌 SIGW  | Multiple Stage Cementing Collar Used? ☐ Yes ☑ No   |
| ☐ OG ☐ GSW ☐ Temp. Abd.  | If yes, show depth set:Feet  |
| CM (Coal Bed Methane)  | If Alternate II completion, cement circulated from:  |
| Cathodic Other (Core, Expl., etc.):  | feet depth to: w/sx cmt.   |
| If Workover/Re-entry: Old Well Info as follows:  |  |
| Operator:  | Drilling Fluid Management Plan   |
| Well Name:   | (Date must be collected from the Reserve Pit)  |
| Original Comp. Date: Original Total Depth:   | Chloride content: 2000 ppm Fluid volume: 1200 bbls   |
| Deepening Re-perf. Conv. to ENHR Conv. to SWD  |  |
| Conv. to GSW   | Dewatering method used: _Air Dried - Back Filled   |
| Plug Back: Plug Back Total Depth   | Location of fluid disposal if hauled offsite:  |
| Commingled Permit #:   | Operator Name:   |
| Dual Completion Permit #:  | Lease Name: License #:   |
| SWD Permit #:  |  |
| ENHR Permit#:  | QuarterSecTwpS. REast West   |
| GSW Permit #:  | comONFIDENTIAL Permit #: KEUEIVED  |
| 12/12   ( 12/18   12/18  | FEB 2 2 2013 FEB 2 8 2012  |
| Spud Date or Date Reached TD Completion Date or  |  |
| Recompletion Date Recompletion Date  | KCC KCC WICHITA  |
| I see the time of this form will be hold confidential for a period of 12 months it see   | quested in writing and submitted with the form (see rule 82-3-107 for confiden-<br>ell report shall be attached with this form. ALL CEMENTING TICKETS MUST |
|  | WOO Office Have ONLY   |
| AFFIDAVIT  | KCC Office Use ONLY  |
| I am the affiant and I hereby certify that all requirements of the statutes, rules and lations 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 knowled   | ge.  |
| Soft !   | Confidential Release Date:   |
| Signature: Alex Manager  | Geologist Report Received  |
|  | UIC Distribution   |
| Title: SecTreas., Date: 2/22/12  | ALT   I   III Approved by: Date:   |