



KANSAS CORPORATION COMMISSION 1077903
OIL & GAS CONSERVATION DIVISION

CONFIDENTIAL

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 # 34570
Name: Central States Energy LLC
Address 1: PO BOX 454
Address 2: _____
City: STILLWELL State: KS Zip: 66085 + _____
Contact Person: Curstin Hamblin
Phone: (913) 533-9900
CONTRACTOR: License # 34059
Name: Hurricane Services, Inc.
Wellsite Geologist: Curstin Hamblin
Purchaser: Riverdale Pipeline

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: 32294

Well Name: Markle 3-21

Original Comp. Date: 07/20/2009 Original Total Depth: 559
☐ 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 #: _____

03/02/2012 03/02/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-121-28714-00-01

Spot Description: _____
SE SW NE SE Sec. 21 Twp. 16 S. R. 25 ☒ East ☐ West
1430 Feet from ☐ North / ☒ South Line of Section
920 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW

County: Miami
Lease Name: Markle Well #: 3-21

Field Name: _____
Producing Formation: Marmaton

Elevation: Ground: 997 Kelly Bushing: 1002

Total Depth: 559 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 2520 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 cml.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: 04/03/2012
☐ Confidential Release Date: _____
☐ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution
ALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 04/04/2012