



# CONFIDENTIAL

## WELL COMPLETION FORM

### WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32255  
 Name: Kansas Energy Company, L.L.C.  
 Address 1: BOX 68  
 Address 2: \_\_\_\_\_  
 City: SEDAN State: KS Zip: 67361 + 0068  
 Contact Person: P.J. Buck  
 Phone: ( 620 ) 725-3636  
 CONTRACTOR: License # 5831  
 Name: M.O.K.A.T.  
 Wellsite Geologist: none  
 Purchaser: \_\_\_\_\_

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 #: \_\_\_\_\_

<u>01/25/2012</u>	<u>01/26/2012</u>	<u>02/03/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-019-27119-00-00

Spot Description: \_\_\_\_\_  
NE NE SE SE Sec. 6 Twp. 34 S. R. 12  East  West  
1155 Feet from  North /  South Line of Section  
165 Feet from  East /  West Line of Section

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

County: Chautauqua  
 Lease Name: BP Well #: KEC 6-1

Field Name: Peru-Sedan  
 Producing Formation: Wayside

Elevation: Ground: 915 Kelly Bushing: 917

Total Depth: 1162 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: 1160  
 feet depth to: 0 w/ 120 sx cmt.

#### Drilling Fluid Management Plan

(Data must be collected from the Reserva 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: 04/02/2012  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
 ALT  I  II  III Approved by: NAOMI JAMES Date: 04/02/2012