

.**₫**ΩMMISSION OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL &

Form Must Be Typed Form must be Signed All blanks must be Filled

OPERATOR: License #_ 34669 Stephan Tufte Spot Description: Address 1: _7531 US 59 Hwy nw nw sw sw Sec. 24 Two. 12 S. R. 20 [7] East [] West ____ Feet from D North / South Line of Section Address 2: City: Oskaloosa State: KS Zip: 66066 ____ Feet from 🔽 East / 🗌 West Line of Section Contact Person: Stephan Tufte Footages Calculated from Nearest Outside Section Corner: Phone: (785) 231-8090 □NE □NW Øse □sw County: Leavenworth CONTRACTOR: License # 5786 Name: McGown Drilling Blaker _____ Well #: __2 Lease Name: Field Name: __Wildcat Wellsite Geologist: none Purchaser: none Producing Formation: Squirrel Elevation: Ground: 879.3 Kelly Bushing: Designate Type of Completion: Total Depth: 1022 Plue Back Total Depth: 901 New Well Re-Entry Workover Amount of Surface Pipe Set and Cemented at: 63Vi Oil ☐ wsw SWD ☐ SIOW ☐ Gas □ D&A ☐ ENHR ☐ SIGW Multiple Stage Cementing Collar Used? ☐ Yes ☑ No □ og GSW Temp. Abd. If yes, show depth set: ______ CM (Coal Bed Methane) If Alternate It completion, cement circulated from: Cathodic Other (Core, Expl., etc.): __ If Workover/Re-entry: Old Well Info as follows: Operator: ____ **Dritting Fluid Management Plan** Well Name: ____ (Data must be collected from the Reserve Pit) Original Comp. Date: _ Original Total Depth: __ Chloride content: _____ ppm Fluid volume: 20 ____ bbls ☐ Deepening Re-perf. Conv. to ENHR Conv. to SWD Dewatering method used: evaporation & backfill Conv. to GSW Location of fluid disposal if hauled offsite: Plug Back: Plug Back Total Depth ☐ Commingled Permit #: Operator Name: ___ Dual Completion Permit #: ___ _____ License #:_ Lease Name: ☐ SWD Permit #: ___ Quarter_____ Sec. _____ Twp.____S. R. ____ ☐ ENHR Permit #: ______ Count CONFIDENTIAL Permit #: ____ ☐ GSW Permit #: ___ 3/19/12 3/20/12 MAY 0.9 2012 3/23/12 MAY 0 7 2013 Spud Date or Completion Date or Date Reached TD

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078 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.

Recompletion Date

AFFIDAVIT

Recompletion Date

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 co	implete and	correct to t	the best of my knowledge	₹.
Signature:	tus		_	
Title: Agent	7	Date:	5/07/12	
				

KCC Office Use ONLY
Letter of Confidentiality Received
Date:
₩ Wireline Log Received Geologist Repert Received
UIC Distribution ALT I II Approved by: Date: 5-18-19