



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

OPERATOR: License # 3180
 Name: Deutsch, Kent A. dba Deutsch Oil Company
 Address 1: 8100 E 22ND ST N
 Address 2: _____
 City: WICHITA State: KS Zip: 67226 + _____
 Contact Person: Kent Deutsch
 Phone: (316) 681-3567
 CONTRACTOR: License # 34233
 Name: Maverick Drilling LLC
 Wellsite Geologist: Kent Deutsch
 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>04/18/2012</u>	<u>04/25/2012</u>	<u>04/26/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-083-21766-00-00

Spot Description: _____

SE NE NW NW Sec. 6 Twp. 24 S. R. 23 East West

436 Feet from North / South Line of Section

1192 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Hodgeman

Lease Name: Schaffer Trust Well #: 1-6

Field Name: _____

Producing Formation: Cherokee Sand

Elevation: Ground: 2460 Kelly Bushing: 2470

Total Depth: 4900 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 264 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 1643 Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 14000 ppm Fluid volume: 190 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: 06/28/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 07/12/2012