



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33235
 Name: Chieftain Oil Co., Inc.
 Address 1: 101 S. 5th St.; PO Box 124
 Address 2: _____
 City: KIOWA State: KS Zip: 67070 + 1912
 Contact Person: Ron Molz
 Phone: (620) 825-4030
 CONTRACTOR: License # 34484
 Name: Fossil Drilling, Inc.
 Wellsite Geologist: Arden Ratzlaff
 Purchaser: _____

API No. 15 - 15-007-23867-00-00
 Spot Description: _____
SE NW NW SW Sec. 23 Twp. 33 S. R. 11 East West
2308 Feet from North / South Line of Section
390 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Barber
 Lease Name: Houlton C Well #: 2
 Field Name: _____
 Producing Formation: Mississippian
 Elevation: Ground: 1475 Kelly Bushing: 1483
 Total Depth: 5084 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 307 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 cmt.

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>04/21/2012</u>	<u>04/29/2012</u>	<u>06/04/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
 Chloride content: 10000 ppm Fluid volume: 1200 bbls
 Dewatering method used: Hauled to Disposal
 Location of fluid disposal if hauled offsite: _____
 Operator Name: Chieftain Oil Co., Inc.
 Lease Name: Garner SWD License #: 33235
 Quarter NW Sec. 11 Twp. 33 S. R. 10 East West
 County: Barber Permit #: D-28060

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	
<input checked="" type="checkbox"/>	Letter of Confidentiality Received Date: <u>07/17/2012</u>
<input type="checkbox"/>	Confidential Release Date: _____
<input checked="" type="checkbox"/>	Wireline Log Received
<input type="checkbox"/>	Geologist Report Received
<input type="checkbox"/>	UIC Distribution
ALT <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>NAOMI JAMES</u> Date: <u>07/18/2012</u>