



KANSAS CORPORATION COMMISSION 1081972
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM

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

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>04/26/2012</u>	<u>04/27/2012</u>	<u>05/16/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-019-27123-00-00

Spot Description: _____
NW SE SE SE Sec. 6 Twp. 34 S. R. 12 East West

495 Feet from North / South Line of Section

495 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 6-5

Field Name: _____

Producing Formation: Wayside

Elevation: Ground: 903 Kelly Bushing: 905

Total Depth: 1163 Plug Back Total Depth: 1113

Amount of Surface Pipe Set and Cemented at: 43 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1113
feet depth to: 0 w/ 120 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve 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: 08/22/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 08/27/2012