



# CONFIDENTIAL

## 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: David A. Barker  
 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>06/13/2012</u>	<u>07/04/2012</u>	<u>07/06/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-23887-00-00

Spot Description: \_\_\_\_\_  
NE SE SE SE Sec. 16 Twp. 35 S. R. 11  East  West

610 Feet from  North /  South Line of Section

315 Feet from  East /  West Line of Section

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

County: Barber

Lease Name: Millie B SWD Well #: 1

Field Name: \_\_\_\_\_

Producing Formation: Arbuckle

Elevation: Ground: 1317 Kelly Bushing: 1329

Total Depth: 6470 Plug Back Total Depth: 5542

Amount of Surface Pipe Set and Cemented at: 921 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.

#### Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

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: 08/24/2012
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: NAOMI JAMES Date: 08/27/2012