



CONFIDENTIAL WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4787
 Name: TDI, Inc.
 Address 1: 1310 BISON RD
 Address 2: _____
 City: HAYS State: KS Zip: 67601 + 9696
 Contact Person: Tom Denning
 Phone: (785) 628-2593
 CONTRACTOR: License # 33350
 Name: Southwind Drilling, Inc.
 Wellsite Geologist: Herb Deines
 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>8/2/2012</u>	<u>8/8/2012</u>	<u>8/8/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-051-26314-00-00
 Spot Description: _____
NW SW SE SE Sec. 14 Twp. 15 S. R. 19 East West
595 Feet from North / South Line of Section
1040 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Ellis
 Lease Name: Linus Well #: 1
 Field Name: Unnamed
 Producing Formation: Dry hole
 Elevation: Ground: 1987 Kelly Bushing: 1997
 Total Depth: 3700 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 1196 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: 30000 ppm Fluid volume: 800 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	
<input checked="" type="checkbox"/>	Letter of Confidentiality Received Date: <u>09/06/2012</u>
<input type="checkbox"/>	Confidential Release Date: _____
<input checked="" type="checkbox"/>	Wireline Log Received
<input checked="" 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>09/06/2012</u>