



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 # 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: Coffeyville Resources

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD SLOW
 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 #: _____

| 6/18/2012 | 6/23/2012 | 8/10/2012 |
|--------------------------------|-----------------|--------------------------------------|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-051-26312-00-00

Spot Description: _____
NE SW NW NW Sec. 13 Twp. 15 S. R. 19 East West
775 Feet from North / South Line of Section
615 Feet from East / West Line of Section

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

County: Ellis
 Lease Name: Gerstner Well #: 1
 Field Name: Dechant South
 Producing Formation: Lansing/Kansas City
 Elevation: Ground: 2025 Kelly Bushing: 2035
 Total Depth: 3750 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 213 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: 1228 Feet
 If Alternate II completion, cement circulated from: 1228
 feet depth to: 0 w/ 225 sx cmt.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)

Chloride content: 54000 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

Letter of Confidentiality Received
 Date: 09/06/2012

Confidential Release Date: _____

Wireline Log Received
 Geologist Report Received
 UIC Distribution

ALT I II III Approved by: NAOMI JAMEE Date: 09/06/2012