1092119

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5010
Name: Knighton Oil Company, Inc.
Address 1: 1700 N WATERFRONT PKY
Address 2: BLDG 100 STE A
City: WICHITA State: KS Zip: 67206 + ____
Contact Person: David D. Montague
Phone: (316) 630-9905
CONTRACTOR: License # 33575
Name: WW Drilling, LLC
Wellsite Geologist: David D. Montague
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 #: ____

7/12/2012	7/14/2012	8/10/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-195-22795-00-00
Spot Description: ____
W2 W2 SE NE Sec. 2 Twp. 11 S. R. 21 ☐ East ☑ West
3300 Feet from ☐ North / ☑ South Line of Section
1155 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
County: Trego
Lease Name: Webb Well #: 4 SWD
Field Name: Trico
Producing Formation: Cedar Hills
Elevation: Ground: 2067 Kelly Bushing: 2072
Total Depth: 1671 Plug Back Total Depth: 1632
Amount of Surface Pipe Set and Cemented at: 212 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
If yes, show depth set: ____ Feet
If Alternate II completion, cement circulated from: 1671
feet depth to: 0 w/ 345 sx cmt.

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

Chloride content: 21000 ppm Fluid volume: 200 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: 08/29/2012
☐ Confidential Release Date: ____
☑ Wireline Log Received
☐ Geologist Report Received
☑ UIC Distribution
ALT ☐ I ☑ II ☐ III Approved by: NAOMI JAMES Date: 08/29/2012