



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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

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: Coffeyville Resources

Designate Type of Completion:
[checked] New Well [] Re-Entry [] Workover
[checked] 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 #:

7/11/2012 7/17/2012 9/11/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-051-26315-00-00

Spot Description:

W2_NW_NE_SE Sec. 24 Twp. 15 S. R. 19 [] East [checked] West

2310 Feet from [] North / [checked] South Line of Section

1265 Feet from [checked] East / [] West Line of Section

Footages Calculated from Nearest Outside Section Corner:

[] NE [] NW [checked] SE [] SW

County: Ellis

Lease Name: Bieker Well #: 2

Field Name: unnamed

Producing Formation: Lansing / Kansas City

Elevation: Ground: 1979 Kelly Bushing: 1989

Total Depth: 3750 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 1173 Feet

Multiple Stage Cementing Collar Used? [] Yes [checked] 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: 54000 ppm Fluid volume: 750 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

[checked] Letter of Confidentiality Received

Date: 09/25/2012

[] Confidential Release Date:

[checked] Wireline Log Received

[checked] Geologist Report Received

[] UIC Distribution

ALT [checked] I [] II [] III Approved by: NAOMI JAMES Date: 09/26/2012