



KANSAS CORPORATION COMMISSION 1093339
OIL & GAS CONSERVATION DIVISION

Form AGO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

OPERATOR: License # 32255
Name: Kansas Energy Company, L.L.C.
Address 1: BOX 68
Address 2: _____
City: SEDAN State: KS Zip: 67361 + 0068
Contact Person: P.J. Buck
Phone: (620) 725-3636
CONTRACTOR: License # 5831
Name: M.O.K.A.T.
Wellsite Geologist: none
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>8/31/2012</u> | <u>9/4/2012</u> | <u>9/11/2012</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-019-27182-00-00
Spot Description: _____
NE SE NE NE Sec. 16 Twp. 34 S. R. 12 East West
4460 Feet from North / South Line of Section
165 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Chautauqua
Lease Name: Calvin Well #: 2
Field Name: Peru-Sedan
Producing Formation: Layton
Elevation: Ground: 778 Kelly Bushing: 780
Total Depth: 1038 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 45 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1012
feet depth to: 0 w/ 110 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 0 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: 09/18/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 09/19/2012