

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 30742  
Name: Palomino Petroleum, Inc.  
Address 1: 4924 SE 84TH ST  
Address 2: \_\_\_\_\_  
City: NEWTON State: KS Zip: 67114 + 8827  
Contact Person: Klee R. Watchous  
Phone: (316) 799-1000  
CONTRACTOR: License # 5123  
Name: Pickrell Drilling Company, Inc.  
Wellsite Geologist: Nicholas P. Gerstner  
Purchaser: NCRA

## 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 #: \_\_\_\_\_

6/7/2012	6/20/2012	7/30/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-135-25412-00-00  
Spot Description: \_\_\_\_\_  
SW SE SW SE Sec. 10 Twp. 16 S. R. 26  East  West  
40 Feet from  North /  South Line of Section  
1895 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE     NW     SE     SWCounty: Ness  
Lease Name: Baker-Evel Well #: 1Field Name: Unice-NortheastProducing Formation: MississippianElevation: Ground: 2615 Kelly Bushing: 2625Total Depth: 4634 Plug Back Total Depth: \_\_\_\_\_Amount of Surface Pipe Set and Cemented at: 220 FeetMultiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: 220feet depth to: 220 w/ \_\_\_\_\_ sx cmt.

## Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bblsDewatering 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: \_\_\_\_\_  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NAOMI JAMES Date: 10/03/2012



Operator Name: Palomino Petroleum, Inc. Lease Name: Baker-Evel Well #: 1  
 Sec. 10 Twp. 16 S. R. 26  East  West County: Ness

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name Attached	Top Attached	Datum Attached
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

List All E. Logs Run:  
**Attached**

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (in O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	220	Class A	150	2%gel 3%cc
Production	7.875	5.5	14	4616	SMD EA2	175	500 gal mud flush 20bbl KCl

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	-			
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	4546'-4550-, 4552'-4558'	600 gal MOD202	

TUBING RECORD:	Size: <u>2.875</u>	Set At: <u>220</u>	Packer At:	Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>08/09/2012</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbbls. <u>47</u>	Gas Mcf	Water Bbbls. <u>1.47</u>	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Palomino Petroleum, Inc.
Well Name	Baker-Evel 1
Doc ID	1095784

All Electric Logs Run

Dual Receiver Cement Bond Log
Temperature Log
Dual Induction Log
Micro Log
Compensated Density/Neutron Log

Form	ACO1 - Well Completion
Operator	Palomino Petroleum, Inc.
Well Name	Baker-Evel 1
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Tops

Name	Top	Datum
Anhy.	2053	+ 572
Base Anhy.	2086	+ 539
Topeka	3639	-1014
Heebner	3902	-1277
LKC	3944	-1319
BKC	4239	-1614
Marmaton	4282	-1657
Ft. Scott	4440	-1815
Cherokee Sh.	4463	-1838
Miss.	4521	-1896
LTD	4636	-2011

### Summary of Changes

Lease Name and Number: Baker-Evel 1

API/Permit #: 15-135-25412-00-00

Doc ID: 1095784

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	09/27/2012	10/03/2012
Production - Barrels Oil		47
Purchaser's Name		NCRA
Save Link	<a href="http://../kcc/detail/operatorEditDetail.cfm?docID=1093715">../kcc/detail/operatorEditDetail.cfm?docID=1093715</a>	<a href="http://../kcc/detail/operatorEditDetail.cfm?docID=1095784">../kcc/detail/operatorEditDetail.cfm?docID=1095784</a>