



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 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>6/25/2012</u>	<u>6/30/2012</u>	<u>8/16/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-051-26310-00-00
 Spot Description: _____
E2 W2 W2 SE Sec. 32 Twp. 14 S. R. 18 East West
1320 Feet from North / South Line of Section
2250 Feet from East / West Line of Section

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

County: Ellis
 Lease Name: Rohr-Schmeidler Unit Well #: 1
 Field Name: Engel West
 Producing Formation: Lansing / Kansas City
 Elevation: Ground: 2039 Kelly Bushing: 2049
 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: 1195 Feet
 If Alternate II completion, cement circulated from: 1195
 feet depth to: 0 w/ 180 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 56000 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: 09/25/2012
- Confidential Release Date: _____
- Wireline Log Received
 Geologist Report Received
 UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 09/27/2012