



**CONFIDENTIAL**

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

**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: Earl M. Knigon, Jr  
Phone: ( 316 ) 630-9905  
CONTRACTOR: License # 5010  
Name: Knighton Oil Company, Inc.  
Wellsite Geologist: Dave 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: Hernam George Kaiser  
Well Name: Casey  
Original Comp. Date: 3/2/1975 Original Total Depth: 3532  
 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>7/10/2012</u>	<u>7/12/2012</u>	<u>8/29/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-163-20550-00-01  
Spot Description: \_\_\_\_\_  
SW NW SE SE Sec. 16 Twp. 9 S. R. 19  East  West  
975 Feet from  North /  South Line of Section  
1041 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Rooks  
Lease Name: Casey Well #: 2 SWD  
Field Name: Jelinek  
Producing Formation: Arbuckle  
Elevation: Ground: 2077 Kelly Bushing: 2082  
Total Depth: 3662 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 209 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: 1441 Feet  
If Alternate II completion, cement circulated from: 3579  
feet depth to: 0 w/ 675 sx cmt.

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

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls  
Dewatering method used: \_\_\_\_\_  
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: 09/19/2012
  - Confidential Release Date: \_\_\_\_\_
  - Wireline Log Received
  - Geologist Report Received
  - UIC Distribution
- ALT  I  II  III Approved by: NADIA JAMES Date: 09/25/2012