



KANSAS CORPORATION COMMISSION 1094582
 OIL & GAS CONSERVATION DIVISION

Form ACO-1
 June 2009

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

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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>9/12/2012</u>	<u>9/13/2012</u>	<u>09/25/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-019-27168-00-00
 Spot Description:
SE SW SW SW Sec. 10 Twp. 34 S. R. 12 East West
165 Feet from North / South Line of Section
4785 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Chautauqua
 Lease Name Calvin Well #: 10-2
 Field Name: Peru-Sedan
 Producing Formation: Wayside
 Elevation: Ground: 780 Kelly Bushing: 782
 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: 10/01/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 Approved by: NACMI JAMES Date: 10/02/2012