



**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 # 34570  
Name: Central States Energy LLC  
Address 1: PO BOX 454  
Address 2: \_\_\_\_\_  
City: STILLWELL State: KS Zip: 66085 + \_\_\_\_\_  
Contact Person: curstin hamblin  
Phone: ( 913 ) 972-2461  
CONTRACTOR: License # 34570  
Name: Central States Energy LLC  
Wellsite Geologist: jeff taylor  
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>6/27/2012</u>	<u>6/29/2012</u>	<u>10/2/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29203-00-00

Spot Description:  
SW SE NE NW Sec. 34 Twp. 16 S. R. 25  East  West  
4165 Feet from  North /  South Line of Section  
3100 Feet from  East /  West Line of Section

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

County: Miami  
Lease Name: Schulties Well #: 2-12

Field Name: \_\_\_\_\_

Producing Formation: weiser  
Elevation: Ground: 1036 Kelly Bushing: 1041

Total Depth: 396 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 20 Feet

Multiple Stage Cementing Collar Used?  Yes  No

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

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

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 4000 ppm Fluid volume: 50 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: Central States Energy, LLC

Lease Name: someday License #: 34570

Quarter SE Sec. 12 Twp. 16 S. R. 24  East  West

County: Miami Permit #: D27845

**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: 10/23/2012  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NAOMI JAMES Date: 10/30/2012