



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

OPERATOR: License # 34579

Name: Cobalt Energy LLC

Address 1: 115 S. BELMONT #12

Address 2: PO BOX 8037

City: WICHITA State: KS Zip: 67208 +

Contact Person: Nicholas D. Hess

Phone: (316) 201-4101

CONTRACTOR: License # 33350

Name: Southwind Drilling, Inc.

Wellsite Geologist: Frank Mize

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 #: _____

10/05/2012 10/13/2012 10/13/2012

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-053-21278-00-00

Spot Description: _____

SE SE NW Sec. 36 Twp. 15 S. R. 9 East West

2310 Feet from North / South Line of Section

2310 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Ellsworth

Lease Name: Toman Unit 'A' Well #: 1-36

Field Name: _____

Producing Formation: NA

Elevation: Ground: 1671 Kelly Bushing: 1683

Total Depth: 2946 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 250 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: 64000 ppm Fluid volume: 1000 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: _____

Operator Name: D,S, & W Well Servicing, Inc.

Lease Name: Yost Timmons License #: 6901

Quarter NE Sec. 8 Twp. 18 S. R. 7 East West

County: Rice Permit #: 15-159-21621-0001

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: 10/26/2012
 - Confidential Release Date: _____
 - Wireline Log Received
 - Geologist Report Received
 - UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 10/30/2012