



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 # 32933
Name: Miller, Todd dba Speedy Well Service
Address 1: 402 W ELM ST
Address 2:
City: SEDAN State: KS Zip: 67361 + 1219
Contact Person: Todd Miller
Phone: ( 620 ) 725-3631
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 #:

11/27/2012 11/28/2012 12/7/2012
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-019-27253-00-00
Spot Description:
SW NW NE SW Sec. 27 Twp. 34 S. R. 12 [ ] East [ ] West
2210 Feet from [ ] North [ ] South Line of Section
3790 Feet from [ ] East [ ] West Line of Section

Footages Calculated from Nearest Outside Section Corner:
[ ] NE [ ] NW [ ] SE [ ] SW
County: Chautauqua
Lease Name: Bowman Well #: 100

Field Name:
Producing Formation: Wayside
Elevation: Ground: 952 Kelly Bushing: 954
Total Depth: 1163 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 42 Feet
Multiple Stage Cementing Collar Used? [ ] Yes [ ] No
If yes, show depth set: Feet
If Alternate II completion, cement circulated from: 1155
feet depth to: 0 w/ 120 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: 01/15/2013
[ ] Confidential Release Date:
[ ] Wireline Log Received
[ ] Geologist Report Received
[ ] UIC Distribution
ALT [ ] I [ ] II [ ] III Approved by: NAOMI JAMES Date: 01/16/2013