



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

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

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ 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: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1058179

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

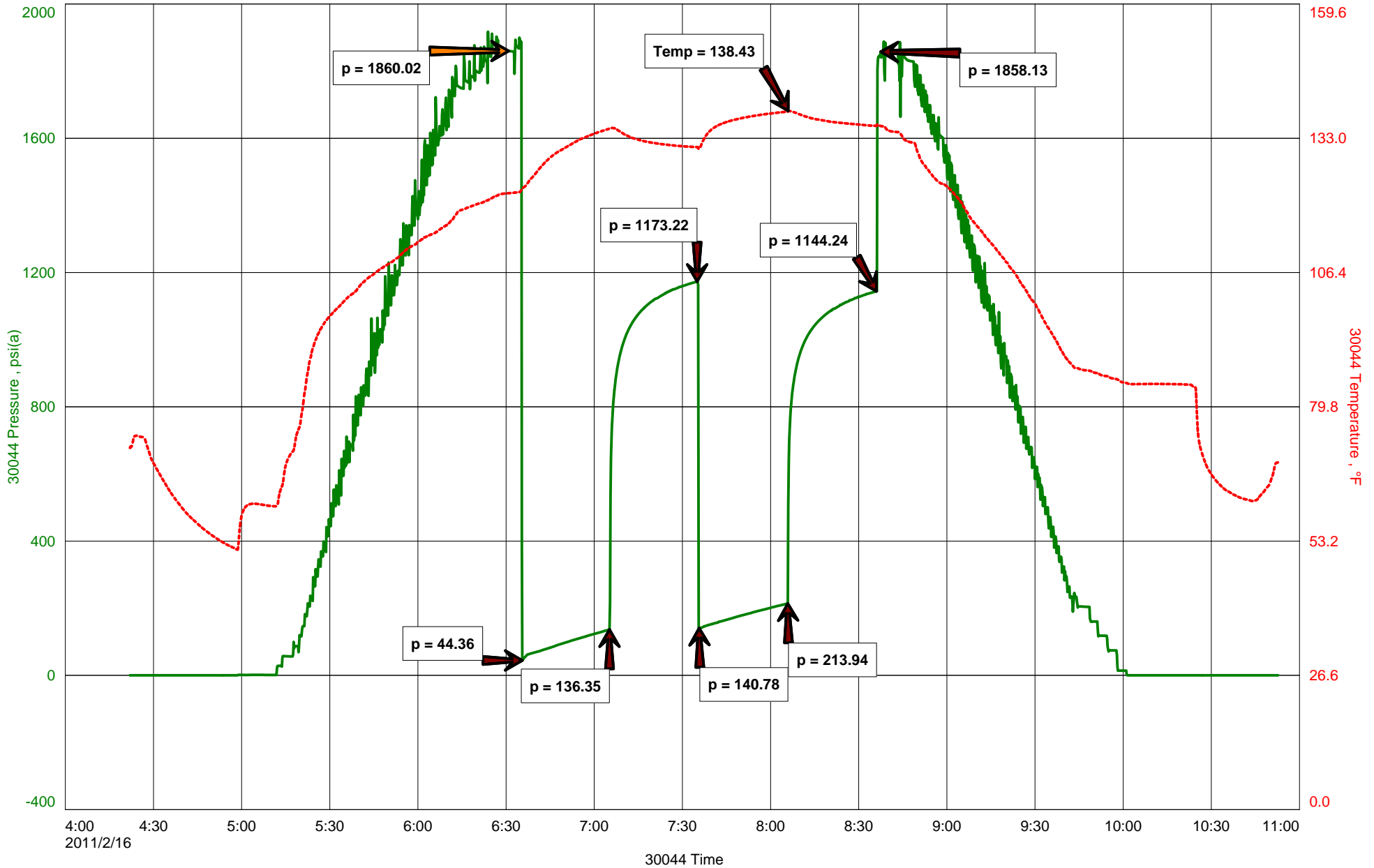
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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MID CONTINENT
DST#1 3986-4040 FORAKER
Start Test Date: 2011/02/16
Final Test Date: 2011/02/16

STROH #1-28
Formation: DST#1 3986-4040 FORAKER
Pool: WILDCAT
Job Number: M102

STROH #1-28



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	M102
Well Name	STROH #1-28	Representative	MIKE COCHRAN
Unique Well ID	DST#1 3986-4040 FORAKER	Well Operator	MID CONTINENT
Surface Location	SEC.28-4S-42 W CHEYENNNE CO. KS.	Report Date	2011/02/16
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	JOHN RUNDEL
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 3986-4040 FORAKER		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/02/16	Start Test Time	04:22:00
Final Test Date	2011/02/16	Final Test Time	10:53:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks

RECOVERED:
527' MW 80% WTR, 20% MUD
527' TOTAL FLUID
CHLOR: 31,000 PPM

TOOL SAMPLE: 96% WTR, 4% MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

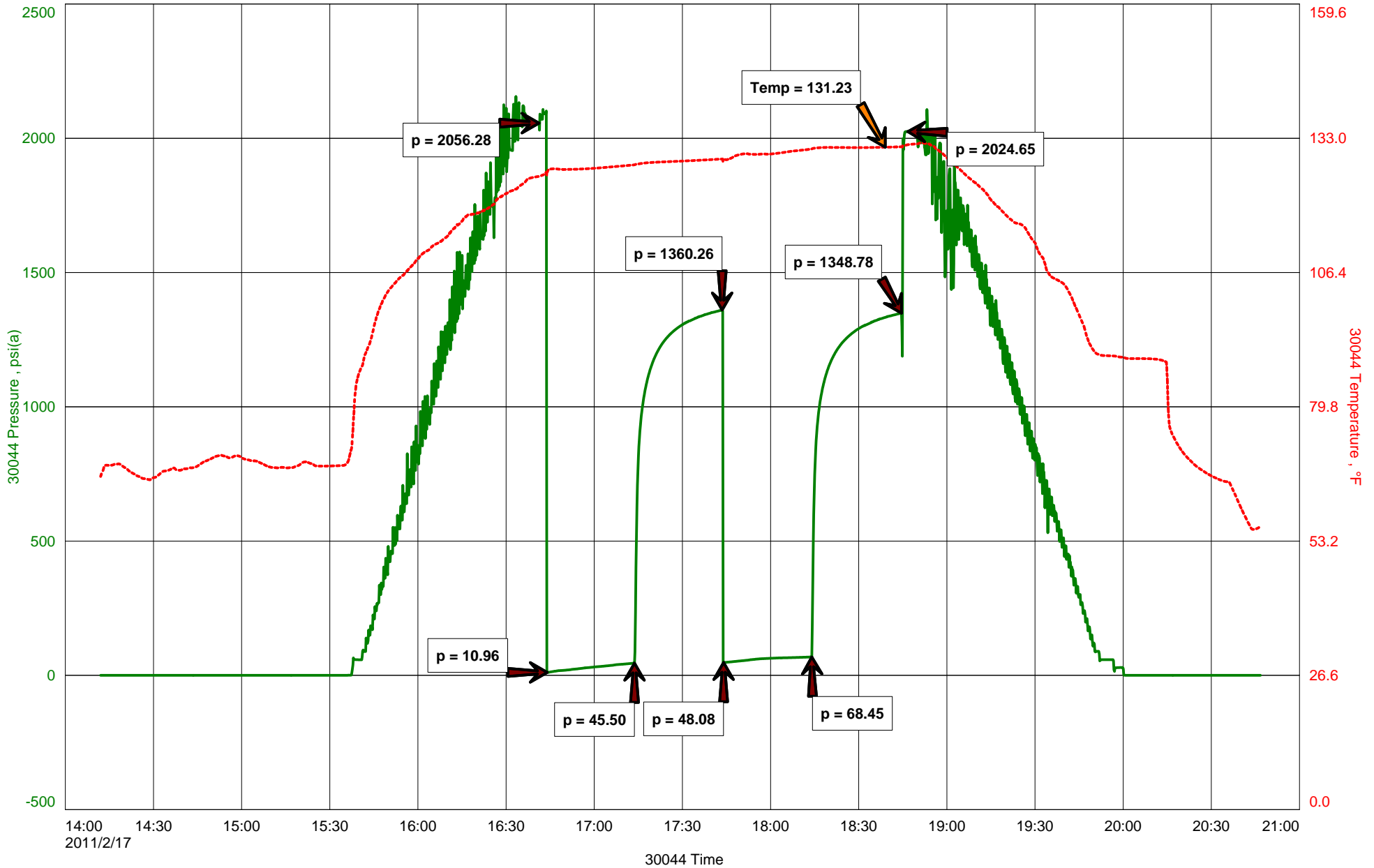
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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MID CONTINENT
DST#2 4287-4332 OREAD
Start Test Date: 2011/02/17
Final Test Date: 2011/02/17

STROH #1-28
Formation: DST#2 4287-4332 OREAD
Pool: WILDCAT
Job Number: M103

STROH #1-28



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	M103
Well Name	STROH #1-28	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4287-4332 OREAD	Well Operator	MID CONTINENT
Surface Location	SEC.28-4S-42 W CHEYENNNE CO. KS.	Report Date	2011/02/17
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	JOHN RUNDEL
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 4287-4332 OREAD		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/02/17	Start Test Time	14:12:00
Final Test Date	2011/02/17	Final Test Time	20:48:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks

RECOVERED:
130' DM
130' TOTAL FLUID

TOOL SAMPLE: DM W/ FEW SPOTS OF OIL,AND SOME GASSY BUBBLES



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	M104
Well Name	STROH #1-28	Representative	MIKE COCHRAN
Unique Well ID	DST#3 4342-4407 LKC-"A"	Well Operator	MID CONTINENT
Surface Location	SEC.28-4S-42 W CHEYENNNE CO. KS.	Report Date	2011/02/18
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	LARRY NICHOLSON
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#3 4342-4407 LKC-"A"		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/02/18	Start Test Time	08:00:00
Final Test Date	2011/02/18	Final Test Time	14:13:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks

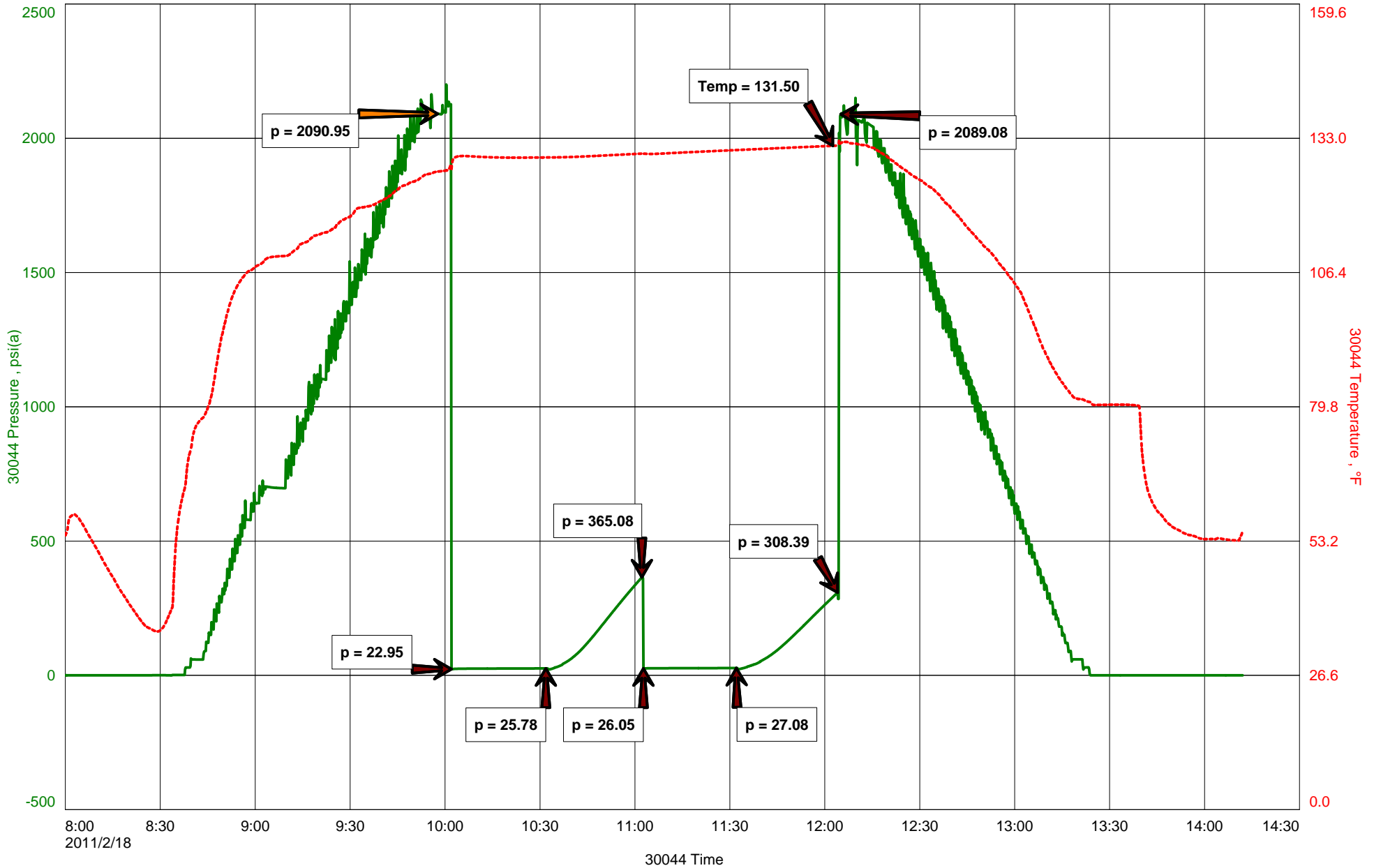
RECOVERED:
5' DM
5' TOTAL FLUID

TOOL SAMPLE: DM W/ LIGHT OIL SPOTS

MID CONTINENT
DST#3 4342-4407 LKC-"A"
Start Test Date: 2011/02/18
Final Test Date: 2011/02/18

STROH #1-28
Formation: DST#3 4342-4407 LKC-"A"
Pool: WILDCAT
Job Number: M104

STROH #1-28





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	M105
Well Name	STROH #1-28	Representative	MIKE COCHRAN
Unique Well ID	DST#4 4505-4580 LKC-"H"	Well Operator	MID CONTINENT
Surface Location	SEC.28-4S-42 W CHEYENNNE CO. KS.	Report Date	2011/02/19
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	LARRY NICHOLSON
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#4 4505-4580 LKC-"H"		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/02/19	Start Test Time	10:05:00
Final Test Date	2011/02/19	Final Test Time	18:55:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks

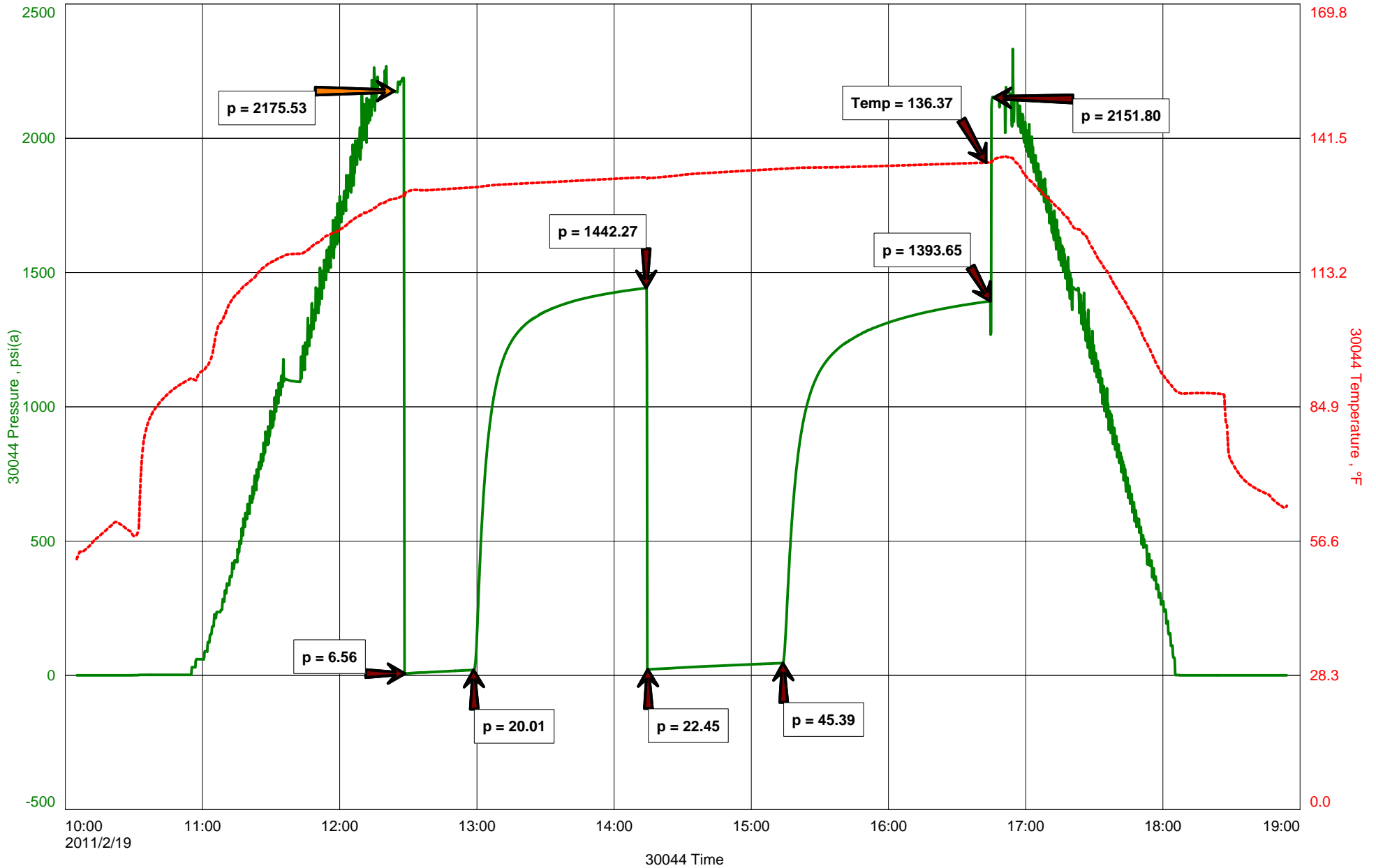
RECOVERED:
130' DM
130' TOTAL FLUID

TOOL SAMPLE: DM W/VERY LIGHT OIL SPOTTED SHEEN W/ VERY LITTLE BLACK

MID CONTINENT
DST#4 4505-4580 LKC-"H"
Start Test Date: 2011/02/19
Final Test Date: 2011/02/19

STROH #1-28
Formation: DST#4 4505-4580 LKC-"H"
Pool: WILDCAT
Job Number: M105

STROH #1-28





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	M106
Well Name	STROH #1-28	Representative	MIKE COCHRAN
Unique Well ID	DST#5 4556-4632 LKC-"J"	Well Operator	MID CONTINENT
Surface Location	SEC.28-4S-42 W CHEYENNNE CO. KS.	Report Date	2011/02/20
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	LARRY NICHOLSON
		Test Unit	No.1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#5 4556-4632 LKC-"J"		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/02/20	Start Test Time	05:41:00
Final Test Date	2011/02/20	Final Test Time	14:37:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks

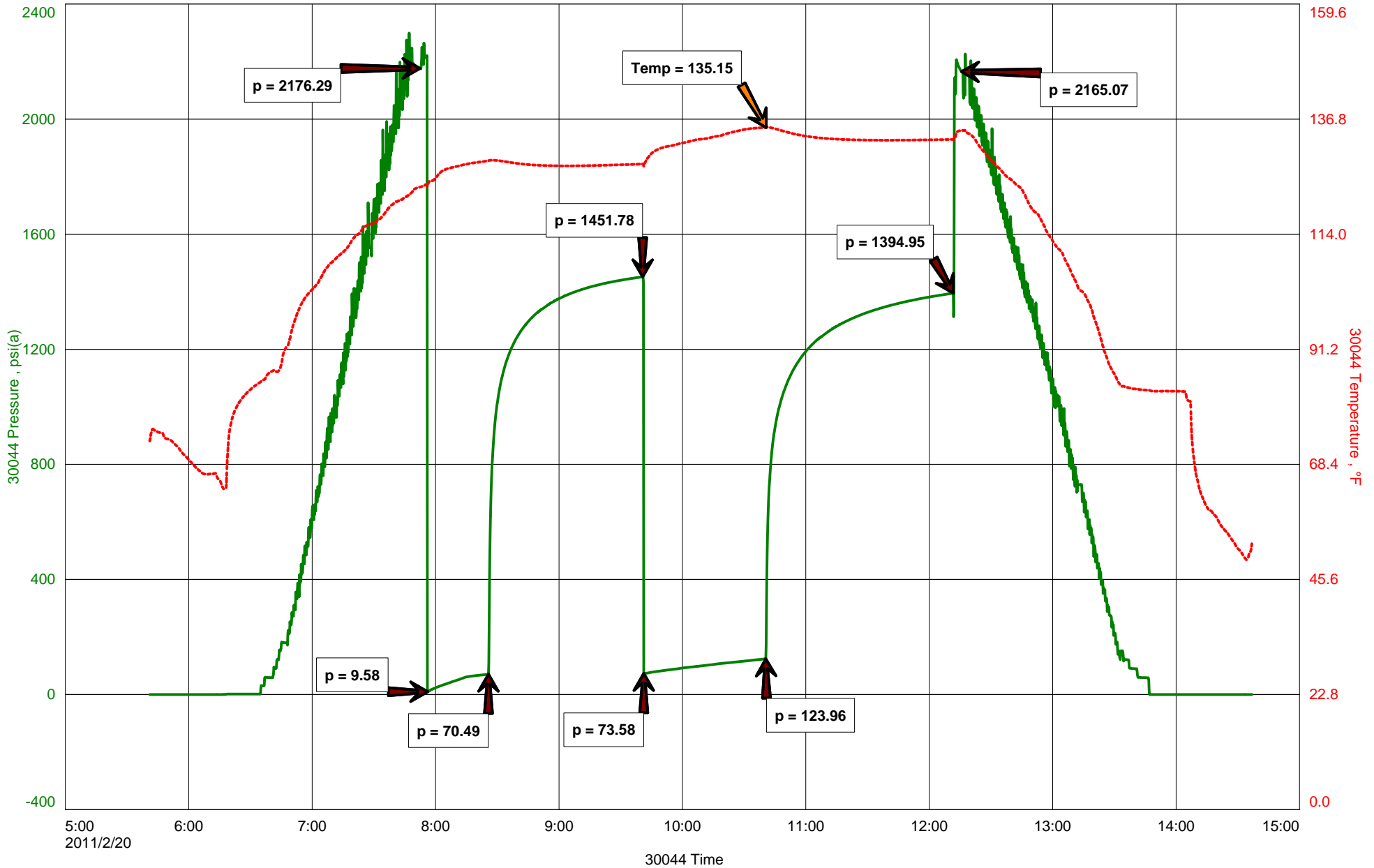
RECOVERED:
2" FREE OIL
126' GOSM 1% GAS, 2% OIL, 97% MUD
124' GOSM 1% GAS, 3% OIL, 96% MUD
260' TOTAL FLUID

TOOLSAMPLE: 3% OIL, 97% MUD

MID CONTINENT
DST#5 4556-4632 LKC-"J"
Start Test Date: 2011/02/20
Final Test Date: 2011/02/20

STROH #1-28
Formation: DST#5 4556-4632 LKC-"J"
Pool: WILDCAT

STROH #1-28





PO BOX 31 Russell, KS 67665

RECEIVED

FEB 18 2011

INVOICE

Invoice Number: 126197

Invoice Date: Feb 11, 2011

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

Bill To:

Mid-Continent Energy Operating Co.
100 West 5th St. Suite 450
Tulsa, OK 74103

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name # or Customer P.O	Payment Terms
MidCoEnOp	Stroh #1-28	Net 30 Days
Job Location	Camp Location	Service Date
KS1-01	Oakley	Feb 11, 2011
		Due Date
		3/13/11

Quantity	Item	Description	Unit Price	Amount
185.00	MAT	Class A Common	15.45	2,858.25
3.00	MAT	Gel	20.80	62.40
6.00	MAT	Chloride	58.20	349.20
194.00	SER	Handling	2.40	465.60
100.00	SER	Mileage 194 sx @.10 per sk per mi	19.40	1,940.00
1.00	SER	Surface	1,018.00	1,018.00
100.00	SER	Pump Truck Mileage	7.00	700.00

CO. #
LSE #
ACCT #
APPROVED
BCP ACP LOE

Subtotal	7,393.45
Sales Tax	271.40
Total Invoice Amount	7,664.85
Payment/Credit Applied	
TOTAL	7,664.85

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

\$ 1478.69

ONLY IF PAID ON OR BEFORE

Mar 8, 2011

ALLIED CEMENTING CO., LLC. 040997

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Dakota

DATE <u>2-11-11</u>	SEC. <u>28</u>	TWP. <u>4</u>	RANGE <u>42</u>	CALLED OUT	ON LOCATION	JOB START COUNTY <u>Cherokee</u>	JOB FINISH STATE <u>KS</u>
LEASE <u>Stroh</u>	WELL # <u>1-28</u>	LOCATION <u>ST Francis 12w 56s</u>					
OLD OR <u>NEW</u> (Circle one)	<u>12w</u>						

CONTRACTOR W tw Drilling Rig 2
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 306'
 CASING SIZE 8 5/8 DEPTH 30550'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15'
 PERFS.
 DISPLACEMENT 18.50 bbl

OWNER same
 CEMENT
 AMOUNT ORDERED 185 sbs com
380cc 2809ec

EQUIPMENT

PUMP TRUCK CEMENTER Andrew
 # 423-281 HELPER Larene
 BULK TRUCK DRIVER Mike
 BULK TRUCK DRIVER

COMMON 185 sbs @ 15-45 2858.25
 POZMIX @
 GEL 3 sbs @ 20.80 62.40
 CHLORIDE 6 sbs @ 58.20 349.20
 ASC @
 HANDLING 194 sbs @ 2.40 465.60
 MILEAGE 108.561 mile @ 1940.00
 TOTAL 5625.45

REMARKS:

Cement did circulate
Thank you

SERVICE

DEPTH OF JOB
 PUMP TRUCK CHARGE @ 108.00
 EXTRA FOOTAGE @
 MILEAGE 100 miles @ 2.00 200.00
 MANIFOLD @
 TOTAL 178.00

CHARGE TO: Mid-Continent Energy Open

STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

@ _____
 @ _____
 @ _____
 @ _____
 @ _____
 TOTAL _____

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Lorrie Lang
 SIGNATURE Lorrie Lang

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS



PO BOX 31 Russell, KS 67665

RECEIVED

MAR - 7 2011

INVOICE

Invoice Number: 126347

Invoice Date: Feb 25, 2011

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

Bill To:
 Mid-Continent Energy Operating Co.
 100 West 5th St. Suite 450
 Tulsa, OK 74103

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name # or Customer P.O	Payment Terms
MidCoEnOp	Stroh #1-28	Net 30 Days
Job Location	Camp Location	Service Date
KS1-03	Oakley	Feb 25, 2011
		3/27/11

Quantity	Item	Description	Unit Price	Amount
132.00	MAT	Class A Common	15.45	2,039.40
88.00	MAT	Pozmix	8.00	704.00
8.00	MAT	Gel	20.80	166.40
55.00	MAT	Flo Seal	2.50	137.50
230.00	SER	Handling	2.40	552.00
100.00	SER	Mileage 230 sx @.10 per sk per mi	23.00	2,300.00
1.00	SER	Plug to Abandon	1,185.00	1,185.00
100.00	SER	Pump Truck Mileage	7.00	700.00
1.00	EQP	8.5/8 Dry Hole Plug	40.00	40.00
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> CO.# LSE # ACC.# APPROVED BCP ACP LOE </div>				

Subtotal	7,824.30
Sales Tax	649.42
Total Invoice Amount	8,473.72
Payment/Credit Applied	
TOTAL	8,473.72

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 112% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

\$ 1584.56

ONLY IF PAID ON OR BEFORE

Mar 22, 2011

ALLIED CEMENTING CO., LLC. 035571

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Dakley, Ks

DATE <u>8/25/11</u>	SEC. <u>28</u>	TWP. <u>4</u>	RANGE <u>42</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Stroh</u>	WELL # <u>1-28</u>	LOCATION <u>ST Francis 4 To Rd 3 5 1/2 S</u>				COUNTY <u>Cherokee</u>	STATE <u>Ks</u>
OLD OR NEW (Circle one) <u>NEW</u>	WELL # <u>1 1/2 W 520</u>						

CONTRACTOR W W d OWNER Same

TYPE OF JOB PTA

HOLE SIZE 2 7/8 T.D. 205 1/2'

CASING SIZE 8 5/8 DEPTH 205 1/2'

TUBING SIZE 4 1/2 DEPTH

DRILL PIPE 4 1/2 DEPTH

TOOL DEPTH

PRES. MAX DEPTH

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

EQUIPMENT

PUMP TRUCK CEMENTER Alan

681 HELPER Barber

BULK TRUCK DRIVER Furzy

394

BULK TRUCK DRIVER

#

REMARKS:

25 @ 3390'

100 @ 2520'

40 @ 355'

10 @ 40'

30 - Port 604

15 - Monitor Hole

Charge to Mid-Continent Energy

STREET

CITY STATE ZIP

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Loniie Lang

SIGNATURE Loniie Lang

CEMENT AMOUNT ORDERED 220 SKs 60/40 40/20

1/4 lb Flo Seal

COMMON 133 @ 15 1/2 2039 40

POZMIX 83 @ 800 2040

GEL 8 @ 800 166 90

CHLORIDE @

ASC @

Flo Seal 55 16 @ 250 133 50

@

@

@

HANDLING 230 SK @ 2 1/2 552 00

MILEAGE 101.5K/mile @ 2300 30

TOTAL 5899 30

DEPTH OF JOB

PUMP TRUCK CHARGE 1185 00

EXTRA FOOTAGE @

MILEAGE 100 @ 200 200 00

MANIFOLD @

@

@

TOTAL 1885 00

PLUG & FLOAT EQUIPMENT

2 7/8 Dry Hole Plug @ 90 00

@

@

@

TOTAL 90 00

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT

IF PAID IN 30 DAYS

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

June 22, 2011

G. M. Canaday
Mid-Continent Energy Operating Co.
100 W 5TH ST STE 450
TULSA, OK 74103-4254

Re: ACO1
API 15-023-21305-00-00
Stroh 1-28
SW/4 Sec.28-04S-42W
Cheyenne County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
G. M. Canaday

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

June 23, 2011

G. M. Canaday
Mid-Continent Energy Operating Co.
100 W 5TH ST STE 450
TULSA, OK 74103-4254

Re: ACO-1
API 15-023-21305-00-00
Stroh 1-28
SW/4 Sec.28-04S-42W
Cheyenne County, Kansas

Dear G. M. Canaday:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 02/11/2011 and the ACO-1 was received on June 22, 2011 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department