



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: _____



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
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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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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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

September 26, 2011

Leon Rodak
Murfin Drilling Co., Inc.
250 N WATER STE 300
WICHITA, KS 67202-1216

Re: ACO1
API 15-171-20821-00-00
Numrich 1-14
NE/4 Sec.14-19S-34W
Scott 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,
Leon Rodak

MDCI
 Numrich #1-14
 660' FNL 1400' FEL
 Sec. 14-T19S-R34W
 3051' KB

Cholla Resources
 #3-15 Robinson
 NW SW SE
 Sec. 15-T19S-R34W
 3059' KB

Formation	Sample Top	Datum	Ref	Log tops	Datum	Ref	Log Top	Datum
Anhydrite				2303	+748	+83	2228	+831
B/Anhydrite				2318	+733	+27	2299	+760
Topeka	3692	-641	-36	3694	-643	-38	3664	-605
Heebner	3961	-910	-43	3959	-908	-41	3926	-867
Lansing	4006	-955	-43	4006	-955	-43	3971	-912
Stark	4304	-1253	-38	4306	-1255	-40	4274	-1215
Pawnee	4546	-1495	-40	4544	-1493	-38	4514	-1455
Ft. Scott	4586	-1535	-33	4580	-1529	-27	4561	-1502
Mississippi	4824	-1773	-40	4820	-1769	-36	4792	-1733
RTD	4974						4845	
LTD				4976			4828	



24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906
 Voice: (817) 546-7282
 Fax: (817) 246-3361

INVOICE

Invoice Number: 128430
 Invoice Date: Aug 29, 2011
 Page: 1

acct. fine

PROD COPY

*operator pay
mrc
/ Bu*

Federal Tax I.D.#: 20-5975804

Bill To:

Murfin Drlg. Co., Inc
 P.O. Box 661
 Colby, KS 67701

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Murfin	Numrich #1-14	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Aug 29, 2011	9/28/11

Quantity	Item	Description	Unit Price	Amount
165.00	MAT	Class A Common	16.25	2,681.25
6.00	MAT	Chloride	58.20	349.20
171.00	SER	Handling	2.25	384.75
58.00	SER	Mileage	18.81	1,090.98
1.00	SER	Surface	1,125.00	1,125.00
116.00	SER	Heavy Vehicle Mileage	7.00	812.00
1.00	SER	Manifold Head Rental	200.00	200.00
116.00	SER	Light Vehicle Mileage	4.00	464.00
1.00	EQP	8 5/8 Wooden Plug	92.00	92.00
1.00	CEMENTER	Alan Ryan		
1.00	EQUIP OPER	Wayne McGhghy		
1.00	OPER ASSIST	Chris Helpingstine		

Account ID 203 OK 3.5862
7427.12 (2519.71)
Production Cement. Csg #1-14

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

\$ 2519.71

ONLY IF PAID ON OR BEFORE Sep 23, 2011

Subtotal	7,199.18
Sales Tax	227.94
Total Invoice Amount	7,427.12
Payment/Credit Applied	
TOTAL	7,427.12

7427.12 - (2519.71)
4907.41

ALLIED CEMENTING CO., LLC. 040022

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Oakley, KS

DATE <u>8/29/11</u>	SEC. <u>14</u>	TWP. <u>19</u>	RANGE <u>34</u>	CALLED OUT	ON LOCATION	JOB START <u>8:00</u>	JOB FINISH <u>8:30</u>
LEASE <u>Mumrich</u>	WELL# <u>1-14</u>	LOCATION <u>Scott City 6W 5S 1W 14S</u>			COUNTY <u>Scott</u>	STATE <u>Ks</u>	
OLD OR <u>NEW</u> (Circle one)				<u>Winto</u>			

CONTRACTOR Murfin 22
TYPE OF JOB Surface
HOLE SIZE 12 1/4 T.D. 227'
CASING SIZE 8 5/8 DEPTH 227.33
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL DEPTH
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT
CEMENT LEFT IN CSG. 15'
PERFS.
DISPLACEMENT 13.525 884.0

OWNER Same
CEMENT AMOUNT ORDERED 165 con 370cc
COMMON 165 @ 16.25 2681.25
POZMIX @
GEL @
CHLORIDE 6 @ 58.00 349.20
ASC @

EQUIPMENT
PUMP TRUCK CEMENTER Alan
422 HELPER Wayne
BULK TRUCK
347 DRIVER Chris
BULK TRUCK
DRIVER

HANDLING 171 SKs @ 2.25 384.75
MILEAGE 174 SK/mile 1092.78
TOTAL 4506.18

REMARKS:

Run Coy, Circulate, mix cement,
Displace cement
Cement did Circulate
Thank you
Alan, Wayne, Chris

SERVICE

DEPTH OF JOB 227.33 FT
PUMP TRUCK CHARGE 1125.00
EXTRA FOOTAGE @
MILEAGE 58 x 2 @ 7.00 812.00
MANIFOLD extend @ 2.00 200.00
City Vehicle 58 x 2 @ 4.00 464.00
TOTAL 2601.00

PLUG & FLOAT EQUIPMENT

8 5/8 Woodm Plug @ 9.20 92.00
TOTAL 92.00

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 KELLY WILSON
SIGNATURE Kelly Wilson

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



24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906

Voice: (817) 546-7282
 Fax: (817) 246-3361

INVOICE

Invoice Number: 128540
 Invoice Date: Sep 5, 2011
 Page: 1

*acct.
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PROD COPY

Federal Tax I.D.#: 20-5975804

Bill To:
 Murfin Drlg. Co., Inc.
 250 N. Water
 STE #300
 Wichita, KS 67202

Kelly Wilson

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Murfin	Numrich #1-14	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Oakley	Sep 5, 2011	10/5/11

Quantity	Item	Description	Unit Price	Amount
177.00	MAT	Class A Common	16.25	2,876.25
118.00	MAT	Pozmix	8.50	1,003.00
10.00	MAT	Gel	21.25	212.50
74.00	MAT	Flo Seal	2.70	199.80
308.00	SER	Handling	2.25	693.00
58.00	SER	Mileage	33.88	1,965.04
1.00	SER	Plug to Abandon	1,250.00	1,250.00
116.00	SER	Heavy Vehicle Mileage	7.00	812.00
116.00	SER	Light Vehicle Mileage	4.00	464.00
1.00	CEMENTER	Alan Ryan		
1.00	EQUIP OPER	Darren Racette		
1.00	OPER ASSIST	Earl Rebarchek		

Account	Rig	L	No.	Amount	Usage
<i>ID 203</i>				<i>10/17.31</i> <i>(3316.46)</i>	<i>OK (M) PTA - 1-14</i>
				<i>3,5862.0001</i>	

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

\$ 3316.46

ONLY IF PAID ON OR BEFORE
Sep 30, 2011

Subtotal	9,475.59
Sales Tax	691.72
Total Invoice Amount	10,167.31
Payment/Credit Applied	
TOTAL	10,167.31

(3316.46)
6850.85

ALLIED CEMENTING CO., LLC. 035978

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Oakley, KS

DATE <u>9/5/11</u>	SEC. <u>14</u>	TWP. <u>19</u>	RANGE <u>34</u>	CALLED OUT	ON LOCATION	JOB START <u>6:30 AM</u>	JOB FINISH <u>2:30 PM</u>
LEASE <u>Namrich</u>	WELL# <u>1-14</u>	LOCATION <u>Scott City 6W, 5S, 1W</u>			COUNTY <u>Scott</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>				<u>1/4 S W into</u>			

CONTRACTOR Murfin 22

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 4976'

CASING SIZE 8 3/8 DEPTH 222.33'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

OWNER Same

CEMENT AMOUNT ORDERED 295 @ 60 / 40 497' gal
1/4 lb Flo Seal

EQUIPMENT

PUMP TRUCK CEMENTER Alan

431 HELPER Darren

BULK TRUCK DRIVER Earl

396 DRIVER

BULK TRUCK DRIVER

COMMON	<u>177</u>	@ <u>16²⁵</u>	<u>2876²⁵</u>
POZMIX	<u>118</u>	@ <u>8⁵⁰</u>	<u>1003⁰⁰</u>
GEL	<u>10</u>	@ <u>21²⁵</u>	<u>212⁵⁰</u>
CHLORIDE		@	
ASC		@	
<u>Flo Seal</u>	<u>2416</u>	@ <u>2⁷⁰</u>	<u>199⁰⁰</u>
HANDLING	<u>308.5 SK</u>	@ <u>2²⁵</u>	<u>693⁰⁰</u>
MILEAGE	<u>14.5 SK/mile</u>		<u>1965⁰⁴</u>
TOTAL			<u>6949⁵⁹</u>

REMARKS:

50 SK @ 2360'

80 SK @ 1230'

50 SK @ 660'

45 SK @ 240'

20 SK @ 60'

30 SK @ Bat Hole

20 SK @ Mouse Hole

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>1250⁰⁰</u>
EXTRA FOOTAGE	@	
MILEAGE <u>58 X 2</u>	@ <u>7⁰⁰</u>	<u>812⁰⁰</u>
MANIFOLD	@	
<u>Lite Vehicle 58 X 2</u>	@ <u>4⁰⁰</u>	<u>464⁰⁰</u>
TOTAL <u>2526⁰⁰</u>		

CHARGE TO: Murfin Drilling

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.

SALES TAX (if Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Kelly Wilson

SIGNATURE Kelly Wilson