

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

3/27/09

Operator: License # 3882
Name: SAMUEL GARY JR. & ASSOCIATES, INC.
Address: 1670 BROADWAY, SUITE 3300
City/State/Zip: DENVER, CO 80202-4838
Purchaser: _____
Operator Contact Person: TOM FERTAL
Phone: (303) 831-4673
Contractor: Name: SUMMIT DRILLING
License: 30141
Wellsite Geologist: JUSTIN CARTER

API No. 15 - 15-159-22519-0000
County: RICE
S/2 SW Sec. 36 Twp. 20 S. R. 10 East West
750 feet from SOUTH Line of Section
1200 feet from WEST Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW **SW**
Lease Name: MORGAN Well #: 1-36

Field Name: WILDCAT
Producing Formation: _____

Elevation: Ground: 1704' Kelly Bushing: 1714'

Total Depth: 3402' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 305 Feet

Multiple State Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

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

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____

12/1/2006 12/9/2006 12/9/2006
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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 No.: _____

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

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this information shall be filed with the Kansas Corporation Commission, 130 South Market-Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

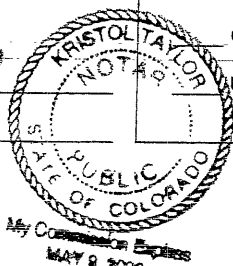
Signature: Thomas Fertal

Title: SR. GEOLOGIST Date: 3/27/2007

Subscribed and sworn to before me this 27 TH day of MARCH, 2007

Notary Public: Justin Carter

Date Commission Expires: _____



KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED
MAR 28 2007

KCC WICHITA