CONFIDENTIAL

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

September 1999 Form Must Be Typed

WELL COMPLETION FORM **WELL HISTORY - DESCRI**

	County: Decatur		
	S2 _NE _NE _Sec27 _Twp05 _SR29 East 7 West		
	990 FNL feet from S / (circle one) Line of Section		
	660 FEL feet from / W (circle one) Line of Section		
	Footages Calculated from Nearest Outside Section Corner:		
•	(circle one) NE SE NW SW		
	Lease Name: Tex Well #: 1-27		
	Field Name: Wildcat		
	Producing Formation: LKC		
֡	Elevation: Ground: 2789 Kelly Bushing: 2794		
	Total Depth: 4200 Plug Back Total Depth: 4167		
	Amount of Surface Pipe Set and Cemented at 221 Feet		
	Multiple Stage Cementing Collar Used? ✓ Yes No		
	2561		
	f yes, show depth set 2501 Feet f Alternate II completion, cement circulated from 2561		
	eet depth to_surface		
	eet depth tosx cmt.		
	Orilling Fluid Management Plan		
	Data must be collected from the Reserve Pit)		
	Chloride contentppm Fluid volumebbls		
	Dewatering method used		
	ocation of fluid disposal if hauled offsite:		
	Operator Name:		
	ease Name:License No.:		
	Quarter Sec TwpS. R 🔲 East 🗌 West		
	County: Docket No.:		
	Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply.		
	onths if requested in writing and submitted with the form (see rule 82-3-		
	geologist well report shall be attached with this form. ALL CEMENTING bmit CP-111 form with all temporarily abandoned wells.		

Operator: License # 30606 Name: Murfin Drilling Company, Inc. Address: 250 N. Water, Suite 300 City/State/Zip: Wichita, Kansas 67202 Purchaser: _Eaglwing Operator Contact Person: Leon Rodak Phone: (316) 267-3241 Contractor: Name: Murfin Drilling Company, Inc. License: 30606 Wellsite Geologist: Jeff Christian Designate Type of Completion: New Well _____ Re-Entry ___ ___ Workover ____ SWD _____ SIOW _____Temp. Abd. __ Gas _____ ENHR ____ SIGW ___ Other (Core, WSW, Expl., Cathodic, etc) __ Drv If Workover/Re-entry: Old Well Info as follows: Operator: __ Well Name: ___ Original Comp. Date: _____ Original Total Depth: _ _____ 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._ 11/15/07 11/21/07 12/05/07 Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date

INSTRUCTIONS: An original and two copies of this form shall be filed with Kansas 67202, within 120 days of the spud date, recompletion, workove Information of side two of this form will be held confidential for a period of 1: 107 for confidentiality in excess of 12 months). One copy of all wireline logs TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and herein are complete and correct to the best of my knowledge.	gas industry have been fully complied with and the statements
Signature:	KCC Office Use ONLY
Title: Leon Rodak, VP Production Date: 03/10/08	Letter of Confidentiality Received
Subscribed and sworm to before the this day of	If Denied, Yes Date:
2006	Geologist Report Received RECEIVED KANSAS CORPORATION COMMISSION
Notary Public.	UIC Distribution MAR 1 2 2008