

2/16/10

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 9957
 Name: Thomason Petroleum Inc.
 Address 1: Box 875
 Address 2: _____
 City: Hays State: KS Zip: 67601 + _____
 Contact Person: Steven Thomason
 Phone: (785) 625-9045
 CONTRACTOR: License # 33493
 Name: American Eagle Drilling
 Wellsite Geologist: Derek Patterson, Max-Henry LLC
 Purchaser: Plains Marketing
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOV **CONFIDENTIAL**
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd. **FEB 16 2009**
 Dry Other _____
 (Core, WSW, Expl., Cathodic, etc.)

API No. 15 - 065-23495-0000
 Spot Description: SE-NE-
 _____ SE-NE Sec. 1 Twp. 10 S. R. 21 East West
1980 Feet from North / South Line of Section
790 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Graham
 Lease Name: Lambert Well #: A #2
 Field Name: Cooper
 Producing Formation: Arbuckle
 Elevation: Ground: 2271' Kelly Bushing: 2278'
 Total Depth: 3963' Plug Back Total Depth: 3934
 Amount of Surface Pipe Set and Cemented at: 242' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: Circulated To Surface
 feet depth to: 3963- Surface w/ 550 SK sx cmt.

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
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____
12/12/2008 12/20/2008 1/22/2009
 Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content: 16000 ppm Fluid volume: 240 bbls
 Dewatering method used: Evaporation
 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 form shall be filed with the Kansas Corporation Commission, 130 S. 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 of 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.

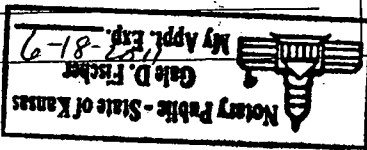
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: [Signature]
 Title: President Date: 2/19/09
 Subscribed and sworn to before me this 19 day of February
20 09
 Notary Public: [Signature]
 Date Commission Expires: 6-18-2011

KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

KANSAS CORPORATION COMMISSION



FEB 23 2009
RECEIVED