

CONFIDENTIAL

ORIGINAL

9/10/11

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3842
 Name: LARSON ENGINEERING, INC.
 Address 1: 562 WEST STATE ROAD 4
 Address 2: _____
 City: OLMITZ State: KS Zip: 67564 + 8561
 Contact Person: TOM LARSON
 Phone: (620) 653-7368
 CONTRACTOR: License # 33935
 Name: H.D. DRILLING, LLC
 Wellsite Geologist: ROBERT LEWELLYN
 Purchaser: _____
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
 (Core, WSW, Expl., Cathodic, etc.)

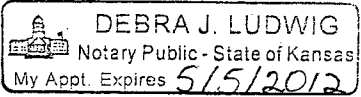
If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
5/11/2009 5/23/2009 5/23/09
 Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 101-22165-00-00
 Spot Description: _____
 NW - NW - SW - NE Sec. 27 Twp. 17 S. R. 30 East West
1584 feet from NORTH Line of Section
2498 feet from EAST Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: LANE
 Lease Name: PENKA Well #: 1-27
 Field Name: WILDCAT
 Producing Formation: _____
 Elevation: Ground: 2854' Kelly Bushing: 2864'
 Total Depth: 4639' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 264 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 cmf.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content: 8200 ppm Fluid volume: 1280 bbls
 Dewatering method used: ALLOWED TO DRY
 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 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 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: Carol Ka
 Title: SECRETARY/TREASURER Date: 9/10/09
 Subscribed and sworn to before me this 10TH day of SEPTEMBER, 2009.
 Notary Public: Debra J Ludwig
 Date Commission Expires: MAY 5, 2012



KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
SEP 11 2009

KCC WICHITA