

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Handwritten initials and date: *12/29/09*

Operator: License # 5208

Name: ExxonMobil Oil Corporation

Address P.O. Box 4358

City/State/Zip Houston TX 77210-4358

Purchaser: Spot Market

Operator Contact Person: Amelia G. Garcia

Phone (281) 654-1914

Contractor: Name: _____

License: _____

Wellsite Geologist: _____

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/Reentry: Old Well Info as follows:

Operator: Mobil Oil Corporation

Well Name: E. Carpenter #3 (84) Unit

Original Comp. Date 12/26/77 Original Total Depth 3050

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. _____

11/24/08 12/26/77 12/06/08

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API NO. 15- 15-189-20358-0001

County Stevens

12 - 1 - C - NE/4 Sec. 27 Twp. 33S S. R. 37 E W

1250 Feet from S/N (circle one) Line of Section

1390 Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name E. Carpenter #3 (84) Unit Well # 4

Field Name Hugoton/Panoma

Producing Formation Chase/CG

Elevation: Ground 3099 Kelley Bushing 3106

Total Depth 3050 Plug Back Total Depth 3032

Amount of Surface Pipe Set and Cemented at 600 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 OWNO - AM I NCL
(Data must be collected from the Reserve Pit) 12-14-09

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. _____ E W

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 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 Pamela Yvette Murphy
Notary Public, State of Texas
Notary Commission Expires May 05, 2010

Subscribed and sworn to before me this 10th day of March, 2009.

Notary Public Pamela Yvette Murphy

Date Commission Expires May 05, 2010

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
JHC 2/10

JAMIE

Side Two

Operator Name ExxonMobil Oil Corporation

Lease Name E.Carpenter #3 (84) Unit Well # 4

Sec. 27 Twp. 33S S.R. 37 East West

County Stevens

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Council Grove	2909	
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Upper Krider	2635	2645
List All E.Logs Run:		Towanda	2765	2775

CASING RECORD New 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
surface	12-1/4	8-5/8	24	600	CL H	350	12% Gel
production	7-7/8	5-1/2	14	3049	65/35 Poz	250	6% Gel
					CL H	150	18% salt

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	2921-2972 12/26/77	Already reported	
3	2635-2645 11/25/08 Frac'd w/99800 lbs	10/20 & 16/30 Brady sd;688896 scf/ N2 & 548 bbls gelled wtr	
3	2765-2775 12/3/08		

TUBING RECORD	Size <u>2-3/8</u>	Set At <u>Surface</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr.	Producing Method
<u>Test pending</u>	<input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
...

Disposition of Gas: Vented Sold Used on Lease Open Hole Perforation Dually Comp. Commingled 2765-2972

(If vented, submit ACO-18.) Other (Specify) _____