

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5056
Name: F.G. Holl Company, L.L.C.
Address 1: 9431 E. Central, Suite 100
Address 2: _____
City: Wichita State: KS Zip: 67206 + _____
Contact Person: Franklin R. Greenbaum
Phone: (316) 684-8481, Ext. 206
CONTRACTOR: License # Sterling Drilling Company - 5142
Name: Duke Drilling Company Inc. - 5929
Wellsite Geologist: Bryce Bidleman
Purchaser: NCRA
Designate Type of Completion:
____ New Well ____ Re-Entry Workover
 Oil ____ SWD ____ SLOW
____ 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: F.G. Holl Company, L.L.C.
Well Name: RADER "OWWO" 3-18
Original Comp. Date: 08/01/1990 Original Total Depth: 3635'
____ 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.: _____
RU:03/29/2010 07/01/1990 RD:04/06/2010
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 185-22,690 - 00 - 02
Spot Description: _____
SE NW SE Sec. 18 Twp. 21 S. R. 11 East West
1650 Feet from North / South Line of Section
1650 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Stafford
Lease Name: RADER "OWWO" Well #: 3-18
Field Name: Sandago
Producing Formation: Lansing-Kansas City & Arbuckle
Elevation: Ground: 1801' Kelly Bushing: 1810'
Total Depth: 3635' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 274' 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 owwo- AIT I NR
(Data must be collected from the Reserve Pit) 5-11-10
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 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: Franklin R. Greenbaum
Title: Exploration Manager Date: 04/26/2010
Subscribed and sworn to before me this 26th day of April, 2010
20 State of Kansas: Sedgwick County
Notary Public: Betty H. Spotswood
Date Commission Expires: 04/30/2010

Notary Public - State of Kansas
BETTY H. SPOTSWOOD
My Appointment Expires 4-30-10

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

RECEIVED
KANSAS CORPORATION COMMISSION
APR 28 2010
CONSERVATION DIVISION
WICHITA, KS

Operator Name: F.G. Holl Company, L.L.C. Lease Name: RADER "OWWO" Well #: 3-18
 Sec. 18 Twp. 21 S. R. 11 East West County: Stafford

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). 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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 See original

List All E. Logs Run:
DIL/ML/CDL/CNL

CASING RECORD <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> 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"	23#	274'	60/40Poz	225sx	2% gel, 3%cc
Production	7-7/8"	5-1/2"	14#	3627'	Lite	50sx	Gilsonite
						125sx	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> 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
	3336' - 3351', 3339' - 3348', 3355' - 3358' LKC	1000 gal 15% NEFE acid	
		1500 gal 15% NEFE acid	
	3505' - 3525', 3480' - 3488', 3490'-3498', 3542'-3546' Arbuckle	Retreat old zone w/ 1500 gal 15% NEFE acid	
	CIBP @ 3535'		

TUBING RECORD: Size: 2-7/8" Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. 04/07/2010 Producing Method: Flowing Pumping Gas Lift Other (Explain)
 Estimated Production Per 24 Hours: Oil 20 Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>3326' 3355' LKC OA</u> <u>3480' - 3525 Arbuckle OA</u>
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