

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

6/21/10

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33036
Name: Strata Exploration, Inc.
Address 1: PO Box 401
Address 2: _____
City: Fairfield State: IL Zip: 62837 + 0401
Contact Person: John R. Kinney
Phone: (618) 842-2610
CONTRACTOR: License # 5142
Name: Sterling Drilling Company
Wellsite Geologist: Jon Christensen
Purchaser: MV Purchasing/Oneok

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., 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 Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

<u>4/14/2010</u>	<u>04/24/2010</u>	<u>05/26/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15097216720000

Spot Description: _____

E/2 NW SW NE Sec. 32 Twp. 27 S. R. 18 East West
1,650 Feet from North / South Line of Section
2,296 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Kiowa

Lease Name: Todd Well #: 2-30 32

Field Name: Unnamed

Producing Formation: Mississippian

Elevation: Ground: 2209' Kelly Bushing: 2220'

Total Depth: 4950 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 523 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

(Data must be collected from the Reserve Pit)

Chloride content: 15100 ppm Fluid volume: 850 bbls

Dewatering method used: Haul off free fluids / Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name: Roberts Resources

Lease Name: MARY License #: 32781

Quarter NE Sec. 16 Twp. 29 S. R. 18 East West

County: Kiowa Permit #: D28396

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.

AFFIDAVIT

I am the affiant and I hereby certify that 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: John R. Kinney
Title: President Date: 6/21/2010

KCC Office Use ONLY

- Letter of Confidentiality Received Date: 6-21-10 **RECEIVED**
 - Confidential Release Date: JUN 28 2010
 - Wireline Log Received
 - Geologist Report Received
 - UIC Distribution
 - ALT I II III Approved by: _____ Date: _____
- KCC WICHITA**