

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

KCC
JUN 21 2010
CONFIDENTIAL
RECEIVED
JUN 28 2010
KCC WICHITA

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 #: _____

03/31/2010	04/10/2010	04/28/2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No: 15097216700000

Spot Description: _____
NE SE SW SW Sec. 28 Twp. 27 S. R. 18 East West
629 Feet from North / South Line of Section
1,062 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE
- NW
- SE
- SW

County: Kiowa

Lease Name: Yost Well #: 1-28

Field Name: Unnamed

Producing Formation: Mississippian

Elevation: Ground: 2206' Kelly Bushing: 2219'

Total Depth: 4950 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 525 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: 22500 ppm Fluid volume: 950 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 6/21/10
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____