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JUL 1 2 2010

KANSAS CORPORATION COMMISSION OIL& GAS CONSERVATION DIVISION

ORIGINAL Form Must Be Typed

WELL COMPLETION FORM WELL HISTORY -**DESCRIPTION OF WELL & LEASE**

OPERATOR: License # API No. 15 - 171-20753-00-00 LARSON ENGINEERING, INC. Spot Description: Address 1: 562 WEST STATE ROAD 4 ____ - SE - SE - SE Sec. _ 15 Twp. _ 17 S. R. _ 31 ☐ East ☒ West 330 feet from SOUTH Line of Section Address 2: 330 feet from EAST Line of Section Contact Person: ____TOM LARSON Footages Calculated from Nearest Outside Section Corner: (620) 653-7368 □ NE □ NW ☑ SE □ SW CONTRACTOR: License # 5822 111 0 5 2010 County: SCOTT VAL ENERGY, INC. Lease Name: OHMART Well #: 1-15 Wellsite Geologist: ROBERT LEWELLYN CONFIDENT Field Name: WILDCAT Purchaser: ____ Producing Formation: LANSING, MARMATON, CHEROKEE NCRA Elevation: Ground: 2919' Kelly Bushing: 2924' Designate Type of Completion: Total Depth: 4624' Plug Back Total Depth: 4578' x New Well Re-Entry Workover SWD Amount of Surface Pipe Set and Cemented at: 257 ENHR SIGW Gas Multiple State Cementing Collar Used?

☐ Yes ☐ No ____ CM (Coal Bed Methane) ____ Temp. Abd. If yes, show depth set: 2239 Other ____ If Alternate II completion, cement circulated from: 2239 (Core, WSW, Expl., Cathodic, etc.) feet depth to: SURFACE w/ 250 sx cmt. If Workover/Re-entry: Old Well Info as follows: Operator: **Drilling Fluid Management Plan** (Data must be collected from the Reserve Pit) Well Name: Original Comp. Date: _____ Original Total Depth: Chloride content: 8800 ppm Fluid volume: 650 bbls Deepening Re-perf. Conv. to Enhr./SWD Dewatering method used: ALLOWED TO DRY Plug Back Total Depth Plug Back: Location of fluid disposal if hauled offsite:

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.

4/12/2010

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Completion Date or

Recompletion Date

Operator Name:

Lease Name: _____ License No.: _____

Quarter _____ Sec. ____ Twp. ____ S. R. ___ 🗆 East 🗆 West

County: _____ Docket No.: _____

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:aral Ca	KCC Office Use ONLY A setter of Confidentiality Received 7 9/10 - 7/9/12
Title: SECRETARY/TREASURER Date: 7/9/2010	If Denied, Yes ☐ Date:
Subscribed and sworn to before me this 9TH day of JULY ,	✓ Wireline Log Received
20 10.	✓ Geologist Report Received
Notary Public: Alebia Luduria	UIC Distribution

mission Expires: MAX 5, 2012 DEBRA J. LUDWIG Dotary Public - State of Kansas My Appt. Expires 5/5/2013

Commingled

3/16/2010

Spud Date or

Recompletion Date

Dual Completion

Other (SWD or Enhr.?) Docket No. ___

3/31/2010

Date Reached TD

Docket No.

Docket No.