CONFIDENTIAL

OPERATOR: License # 30606

Contact Person: Leon Rodak Phone: (316) 267-3241

CONTRACTOR: License # 30606

Purchaser: MV Purchasing

Designate Type of Completion:

CM (Coal Bed Methane)

New Well

V Oil

☐ Gas

□ og

· Operator: __

Well Name:

Deepening

Plug Back: __ Commingled

☐ SWD

ENHR

GSW

Recompletion Date

04/01/10

Spud Date or

Dual Completion

Wellsite Geologist: Paul Gunzelman

☐ wsw

□ D&A

Cathodic Other (Core, Expl., etc.): _ If Workover/Re-entry: Old Well Info as follows:

Murfin Drilling Company, Inc.

Re-Entry

Original Comp. Date: _____ Original Total Depth: ____

04/08/10

Date Reached TD

SWD

☐ ENHR

☐ GSW

Re-perf. Conv. to ENHR Conv. to SWD

_____ Plug Back Total Depth

Permit #: _____

Permit #: _____

05/07/10

Completion Date or

Recompletion Date

Conv. to GSW

Permit #:

Permit #: ____

Address 2: __

City: Wichita

Address 1: _250 N. Water, Suite 300

Murfin Drilling Company, Inc.

State: KS Zip: 67202 +

Workover

☐ slow

SIGW

Temp. Abd.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

JUL 29 2019

REÇEIVED ORIGINA June 2009 Form Must Be Typed Form must be Signed

WELL HISTORY - DESCRIPTION OF WELL & LEASE WICHITA All blanks must be Filled

API No. 15 - ___039-21115-0000 Spot Description: ... W2 NE NW SE Sec. 34 Two. 3 S. R. 27 Fast West Feet from North / South Line of Section 12,310 __ Feet from 🔽 East / 🗌 West Line of Section Footages Calculated from Nearest Outside Section Corner: □NE □NW □SE ☑SW County: Decatur Lease Name: Fox A Field Name: Altory Southeast Producing Formation: LKC Elevation: Ground: 2539 Kelly Bushing: 2544 Total Depth: 3720 Plug Back Total Depth: 3676 Amount of Surface Pipe Set and Cemented at: 219 Multiple Stage Cementing Collar Used?

✓ Yes

No If yes, show depth set: _____ If Alternate II completion, cement circulated from: 2082 feet depth to: surface w/ 200 **Drilling Fluid Management Plan** (Data must be collected from the Reserve Pit) Chloride content: _____ ppm Fluid volume: _____ bbls Dewatering method used: ____ Location of fluid disposal if hauled offsite: Operator Name: _____ Lease Name: _____ License #: ____ _____Permit #:_____ 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. KCC Office Use ONLY ✓ Letter of Confidentiality Received 7/20/10 - 7/20/12

> Confidential Release Date: Wireline Log Received Geologist Report Received

ALT I I II Approved by: _____ Date: ___

UIC Distribution

I am the affiant and I hereby certify that all	FIDAVIT I requirements of the statutes, rules and regund gas industry have been fully complied with and correct to the best of my knowledge.
Title: VP Production	Date: 07/28/10