

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

AMENDED 10/16/10

Operator: License # 3882
 Name: SAMUEL GARY JR. & ASSOCIATES, INC.
 Address: 1560 BROADWAY, SUITE 2100
 City/State/Zip: DENVER, CO 80202-4838
 Purchaser: GARY-WILLIAMS ENERGY CORPORATION
 Operator Contact Person: GABE D'ARTHENAY
 Phone: (303) 831-4673
 Contractor: Name: SOUTHWIND DRILLING
 License: 33350
 Wellsite Geologist: JUSTIN CARTER
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back Plug-Back-Total Depth _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
 6/23/2008 6/29/2008 5/17/2010
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

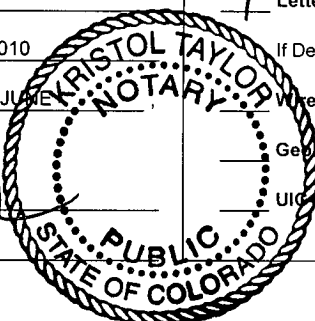
API No. 15 - 15-009-25209-0000
 County: BARTON
 SW NW NE SE Sec. 35 Twp. 17 S. R. 12 East West
1260 feet from NORTH of Section
2250 feet from EAST Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: SCHNEWEIS Well #: 2-35
 Field Name: WILDCAT
 Producing Formation: ARBUCKLE/LANSING
 Elevation: Ground: 1844' Kelly Bushing: 1854'
 Total Depth: 3456' Plug Back Total Depth: 3426'
 Amount of Surface Pipe Set and Cemented at 352 Feet
 Multiple State 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 AMING 7-12-10
 (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 No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this information shall be filed with the Kansas Corporation Commission, 130 South 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.

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: [Signature]
 Title: OPERATIONS ENGINEER Date: 6/28/2010
 Subscribed and sworn to before me this 28th day of JUNE
 2010.
 Notary Public: [Signature]
 Date Commission Expires: _____



KCC Office Use ONLY
 Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
JUL 21 2010

My Commission Expires 05/11/2013

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Operator Name: SAMUEL GARY JR & ASSOCIATES, INC. Lease Name: SCHNEWEIS Well #: 2-35

Sec. 35 Twp. 17 S. R. 12 East West County: BARTON

INSTRUCTIONS: Show important tops and base of formation penetrated. Detail all cores. Report all final copes of drill stem tests giving interval tested, time tool open and closed, and 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 geologist well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Sample Sent to Geological Survey	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	TOPEKA	2723'	-869'
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	HEEBNER	2967'	-1113'
List All E. Logs Run: DUAL INDUCTION DENSITY - NEUTRON SONIC LOG MICROLOG			DOUGLAS	2993'	-1139'
			BRN LIME	3069'	-1215'
			LANSING	3091'	-1237'
			ARBUCKLE TD	3345' 3456'	-1491'

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	352'	CLASS A	185	2% GEL & 3% CC
PRODUCTION	7-7/8"	5-1/2"	15.5	3454'	60/40 POZ ECON-O-BOND	25 125	5#/SK GILSONITE, 1/4#/SK CELLFLAKE

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
<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
	4 JSPF	3349 - 51', 3352 - 56', 3360 - 62'		500 GAL W/ 20% MUD ACID	
4 JSPF	3248 - 57'		300 GAL W/ 28% MCA		3248 - 3257'

RECEIVED
JUL 01 2010

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-7/8"	3426'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.			Producing Method		
5/17/2010			<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	25	0	25		

KCC WICHITA

Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>If vented, submit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval <u>3248 - 3362 OA</u>
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