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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

KCC WICHITA

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

11/29/12

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC

NOV 29 2010

OPERATOR: License # 5003
Name: McCoy Petroleum Corporation
Address 1: 8080 E. Central Ave
Address 2: Suite #300
City: Wichita State: KS Zip: 67206 + 2366
Contact Person: Scott Hampel
Phone: 316-636-2737
CONTRACTOR: License # 5142
Name: Sterling Drilling Company
Wellsite Geologist: Jerry Smith
Purchaser: Oil: MVPurchasing Gas: Regency Midcon

API No. 15-081-21913-0000
Spot Description: _____
E2 W2 SE Sec 29 Twp 30 S. R. 31 East West
1320 Feet from North / South Line of Section
1650 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Haskell
Lease Name: SCHMIDT "D" Well #: 3-29
Field Name: Lette SE
Producing Formation: LKC-Swope

Designate Type of Completion:
 New Well Re-Entry: Workover
 Oil WSW SWID SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl. etc.):

Elevation: Ground: 2843' Kelly Bushing: 2856'
Total Depth: 5700' Plug Back Total Depth: 5640'
Amount of Surface Pipe Set and Cemented at: 1849' 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.

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 #: _____
8/3/2010 9/14/2010 9/14/2010
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 3500 ppm. Fluid Volume: 1100 bbls
Dewatering method used: Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp _____ S. R. _____ East West
County: _____ 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.

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: Scott Hampel
Title: Vice President - Production Date: 11/29/2010

KCC Office Use ONLY

Letter of Confidentiality Received
Date: 11/29/10 - 11/29/12
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: _____ Date: _____