



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3882 Name: Samuel Gary Jr. & Associates, Inc. Address 1: 1515 WYNKOOP, STE 700 Address 2: City: DENVER State: CO Zip: 80202 + Contact Person: TOM FERTAL Phone: (303) 831-4673 CONTRACTOR: License # 33350 Name: Southwind Drilling, Inc. Wellsite Geologist: RODNEY NAPIER Purchaser: GARY WILLIAMS ENERGY CORPORATION

Designate Type of Completion: [X] New Well [] Re-Entry [] Workover [X] 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 #: 08/25/2010 08/30/2010 09/17/2010 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-159-22618-00-00 Spot Description: NE SW SW NE Sec. 4 Twp. 18 S. R. 10 [] East [X] West 2,030 Feet from [X] North [] South Line of Section 2,040 Feet from [X] East [] West Line of Section Footages Calculated from Nearest Outside Section Corner: [X] NE [] NW [] SE [] SW County: Rice Lease Name: HOELSCHER FARMS Well #: 1-4 Field Name: WILDCAT Producing Formation: LANSING / ARBUCKLE Elevation: Ground: 1792 Kelly Bushing: 1802 Total Depth: 3359 Plug Back Total Depth: 3285 Amount of Surface Pipe Set and Cemented at: 350 Feet Multiple Stage Cementing Collar Used? [] Yes [X] 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: 66000 ppm Fluid volume: 1200 bbls Dewatering method used: Hauled to Disposal Location of fluid disposal if hauled offsite: Operator Name: SAMUEL GARY JR & ASSOCIATES Lease Name: MATTHAEI TRUST License #: 3882 Quarter W2 Sec. 19 Twp. 18 S. R. 9 [] East [X] West County: ROCE Permit #: 15165218810000

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.

Submitted Electronically

KCC Office Use ONLY [X] Letter of Confidentiality Received Date: 12/23/2010 [] Confidential Release Date: [X] Wireline Log Received [X] Geologist Report Received [] UIC Distribution ALT [X] I [] II [] III Approved by: NAOMI JAMES Date: 12/27/2010