



CONFIDENTIAL

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

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33036
 Name: Strata Exploration, Inc.
 Address 1: PO BOX 401
 Address 2: _____
 City: FAIRFIELD State: IL Zip: 62837 + 0401
 Contact Person: John R Kinney
 Phone: (618) 842-2610
 CONTRACTOR: License # 5142
 Name: Sterling Drilling Company
 Wellsite Geologist: Jon Christensen
 Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- 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 #: _____

<u>2/25/2011</u>	<u>3/6/2011</u>	<u>3/16/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-097-21684-00-00

Spot Description: _____
SE NW NW NW Sec. 4 Twp. 28 S. R. 18 East West
500 Feet from North / South Line of Section
335 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Kiowa
 Lease Name: Sampson Well #: 1-4

Field Name: _____

Producing Formation: Miss

Elevation: Ground: 2203 Kelly Bushing: 2212

Total Depth: 4857 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 517 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.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 12500 ppm Fluid volume: 750 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: _____

Operator Name: Roberts Resources

Lease Name: MARY License #: 32781

Quarter SW Sec. 16 Twp. 29 S. R. 18 East West

County: Kiowa Permit #: D28396

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

- Letter of Confidentiality Received
 Date: 03/22/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 03/23/2011