



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 # 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 #: _____

12/21/2010 01/01/2011 2/24/2011

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-145-21622-00-00

Spot Description: _____

_____ SE SW Sec. 27 Twp. 21 S. R. 16 East West

660 Feet from North / South Line of Section

1,980 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Pawnee

Lease Name: Albert Quimby Unit Well #: 1-27

Field Name: _____

Producing Formation: Arbuckle

Elevation: Ground: 1988 Kelly Bushing: 1999

Total Depth: 3858 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 1028 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 2136 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: 26000 ppm Fluid volume: 700 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: 03/18/2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 03/23/2011