CONFIDENTIAL

OPERATOR: License # 30606

Contact Person: Leon Rodak

Phone: (316) 267-3241

CONTRACTOR: License #_30606

Wellsite Geologist: Paul Gunzelman

☐ wsw

□ D&A

Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows:

Purchaser: MV Purchasing

Designate Type of Completion:

CM (Coal Bed Methane)

New Well

√i Oil

Gas

og og

Operator:

Well Name: ____

Deepening

Plug Back: _

Commingled

☐ SWD

☐ ENHR

GSW

Recompletion Date

12/03/10

Spud Date or

Dual Completion

Address 2: __ City: Wichita

Address 1: 250 N. Water, Suite 300

Murfin Drilling Company, Inc.

Murfin Drilling Company, Inc. MAR 3 1 2011

☐ SWD

☐ ENHR

☐ GSW

Re-Entry

Original Comp. Date: _____ Original Total Depth: ____

12/10/10

Date Reached TD

Re-perf.

State: KS Zin: 67202 +

KCC

Workover

Conv. to ENHR Conv. to SWD

Plug Back Total Depth

12/30/10

Completion Date or

Conv. to GSW

Permit #:

Permit #:

Permit #: ____

Permit #:

Permit #

SIOW

SIGW

Temp. Abd.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be Signed Form must be Filled All blanks must be Filled

Form ACO-1

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

API No. 15 - ____141-20423-0000 Spot Description: _ SW_SW_NE_NE_Sec. 16 Twp. 10 S. R. 14 ☐ East West _____ Feet from 🗹 North / 🗌 South Line of Section 1,200 ____ Feet from 🗹 East / 🗌 West Line of Section Footages Calculated from Nearest Outside Section Corner: V NE □NW □SE □SW County: Osborne _____ Well #: _1-16 Pamela Field Name: Wildcat Producing Formation: LKC Elevation: Ground: 1980 Kelly Bushing: 1985 Total Depth: 3905 Plug Back Total Depth: 3858 Amount of Surface Pipe Set and Cemented at: 220 Multiple Stage Cementing Collar Used?

✓ Yes

No If yes, show depth set: 1180 If Alternate II completion, cement circulated from: 1180 feet depth to: surface **Drilling Fluid Management Plan** (Data must be collected from the Reserve Pit) ___ ppm Fluid volume: _____ bbls Chloride content: ____ Dewatering method used: __ Location of fluid disposal if hauled offsite: Operator Name: _____ Lease Name: _____ License #: _____ _____ 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. KCC Office Use ONLY

> Confidential Release Date: _ Wireline Log Received Geologist Report Received

ALT I II III Approved by:___

UIC Distribution

Tarri trie arriarit ario i frereby certify tria	it all requirements of the statutes, rules and regu
lations promulgated to regulate the oi	il and gas industry have been fully complied with
and the statements herein are compl	lete and correct to the best of my knowledge.
Signature:	
•	
Title: VP Production	Date: 04/01/2011
	,

AFFIDAVIT