



KANSAS CORPORATION COMMISSION 1051156

Form ACO-1
June 2009

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 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>01/08/2011</u>	<u>01/17/2011</u>	<u>2/3/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-097-21680-00-00

Spot Description: _____

NW SE SE SE Sec. 28 Twp. 27 S. R. 18 East West

614 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: Banta Well #: 1-28

Field Name: _____

Producing Formation: Arbuckle

Elevation: Ground: 2183 Kelly Bushing: 2192

Total Depth: 4793 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 1037 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: 12000 ppm Fluid volume: 800 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: _____

Operator Name: Roberts Recources

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: 03/21/2011