



KANSAS CORPORATION COMMISSION 1051138
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

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

CONFIDENTIAL

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 SLOW
- 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 #: _____

12/13/2010	12/29/2010	3/2/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-145-21620-00-00

Spot Description: _____
NW SE NE SW Sec. 27 Twp. 21 S. R. 16 East West
1,658 Feet from North / South Line of Section
2,273 Feet from East / West Line of Section

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

County: Pawnee
Lease Name: Carr Well #: 1-27
Field Name: _____
Producing Formation: Arbuckle
Elevation: Ground: 1987 Kelly Bushing: 1998
Total Depth: 3859 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 997 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2160 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: 52000 ppm Fluid volume: 800 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: 03/10/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 03/11/2011