



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

OPERATOR: License # 5144 Name: Mull Drilling Company, Inc. Address 1: 1700 N WATERFRONT PKWY Address 2: BLDG 1200 City: WICHITA State: KS Zip: 67206 Contact Person: Mark Shreve Phone: (316) 264-6366 CONTRACTOR: License # 33575 Name: WW Drilling, LLC Wellsite Geologist: Kevin Kessler Purchaser: Plains Marketing

Designate Type of Completion: [X] New Well [] Re-Entry [] Workover [X] 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 #:

01/21/2011 01/29/2011 03/03/2011 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-135-25200-00-00

Spot Description:

NW SE SE SE Sec. 17 Twp. 17 S. R. 23 [] East [X] West

335 Feet from [] North / [X] South Line of Section

335 Feet from [X] East / [] West Line of Section

Footages Calculated from Nearest Outside Section Corner:

[] NE [] NW [X] SE [] SW

County: Ness

Lease Name: Snodgrass Well #: 5-17

Field Name: Oppliger

Producing Formation: Cherokee Sand

Elevation: Ground: 2402 Kelly Bushing: 2407

Total Depth: 4800 Plug Back Total Depth: 4717

Amount of Surface Pipe Set and Cemented at: 223 Feet

Multiple Stage Cementing Collar Used? [X] Yes [] No

If yes, show depth set: 1729 Feet

If Alternate II completion, cement circulated from: 1729

feet depth to: 0 w/ 100 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 27000 ppm Fluid volume: 1100 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite:

Operator Name:

Lease Name: License #:

Quarter Sec. Twp. S. R. [] East [] West

County: Permit #:

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

[X] Letter of Confidentiality Received Date: 04/19/2011

[] Confidential Release Date:

[X] Wireline Log Received

[X] Geologist Report Received

[] UIC Distribution

ALT [] I [X] II [] III Approved by: NAOMI JAMES Date: 04/20/2011