



**CONFIDENTIAL**

**WELL COMPLETION FORM**

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

**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: \_\_\_\_\_

API No. 15 - 15-097-21681-00-00

Spot Description: \_\_\_\_\_  
SE NW NW NW Sec. 3 Twp. 28 S. R. 18  East  West  
500 Feet from  North /  South Line of Section  
500 Feet from  East /  West Line of Section

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

County: Kiowa  
Lease Name: Aaron Einsel Well #: 2-3

Field Name: \_\_\_\_\_  
Producing Formation: Miss

Elevation: Ground: 2211 Kelly Bushing: 2212  
Total Depth: 4854 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 523 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.

- 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 #: \_\_\_\_\_

01/20/2011	02/13/2011	03/29/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)

Chloride content: 8000 ppm Fluid volume: 1800 bbls  
Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: Roberts Resources

Lease Name: Mary SWD License #: 32781

Quarter NE 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: 05/03/2011
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: NAOMI JAMES Date: 05/03/2011