



CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

OPERATOR: License # 5056
 Name: F. G. Holl Company L.L.C.
 Address 1: 9431 E CENTRAL STE 100
 Address 2: _____
 City: WICHITA State: KS Zip: 67206 + 2563
 Contact Person: Franklin R. Greenbaum
 Phone: (316) 684-8481
 CONTRACTOR: License # 5142
 Name: Sterling Drilling Company
 Wellsite Geologist: Bill Ree
 Purchaser: NCRA

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: F.G. Holl Company, L.L.C.

Well Name: OTTE FAMILY TRUST 1-5

Original Comp. Date: 03/07/2005 Original Total Depth: 3650
 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>4/27/2011</u>	<u>5/03/2011</u>
Spud Date or Recompletion Date	Completion Date or Recompletion Date

API No. 15 - 15-185-23295-00-02

Spot Description: 150' N & 60' E OF C NENE
SW NE NE NE Sec. 5 Twp. 21 S. R. 14 East West
510 Feet from North / South Line of Section
600 Feet from East / West Line of Section

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

County: Stafford
 Lease Name: OTTE FAMILY TRUST 'OWWO' Well #: 1-5

Field Name: Bart-Staff

Producing Formation: Lansing & Arbuckle

Elevation: Ground: 1912 Kelly Bushing: 1921

Total Depth: 3650 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 765 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: 14000 ppm Fluid volume: 1000 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	
<input checked="" type="checkbox"/>	Letter of Confidentiality Received Date: <u>05/06/2011</u>
<input type="checkbox"/>	Confidential Release Date: _____
<input type="checkbox"/>	Wireline Log Received
<input type="checkbox"/>	Geologist Report Received
<input type="checkbox"/>	UIC Distribution
ALT <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>NAOMI JAMES</u> Date: <u>05/06/2011</u>