



KANSAS CORPORATION COMMISSION 1054201
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 # 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 # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: Ryan Greenbaum
Purchaser: NCRA

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 (Corr. 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

Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>03/24/2011</u>	<u>04/04/2011</u>	<u>4/18/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-185-23672-00-00
Spot Description: 50' N. & 50' E. OF
 NW SW NE Sec. 10 Twp. 22 S. R. 14 East West
1600 Feet from North / South Line of Section
2260 Feet from East / West Line of Section

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

County: Stafford
Lease Name: KRUPP Well #: 1-10
Field Name: Wildcat
Producing Formation: Arbuckle
Elevation: Ground: 1937 Kelly Bushing: 1943
Total Depth: 4000 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 844 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: 37000 ppm Fluid volume: 800 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

- Letter of Confidentiality Received
Date: 05/24/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 05/25/2011