



# CONFIDENTIAL

## WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 30606  
 Name: Murfin Drilling Co., Inc.  
 Address 1: 250 N WATER STE 300  
 Address 2: \_\_\_\_\_  
 City: WICHITA State: KS Zip: 67202 + 1216  
 Contact Person: Leon Rodak  
 Phone: ( 316 ) 267-3241  
 CONTRACTOR: License # 30606  
 Name: Murfin Drilling Co., Inc.  
 Wellsite Geologist: Jeff Christian  
 Purchaser: \_\_\_\_\_

API No. 15 - 15-051-26089-00-00  
 Spot Description: \_\_\_\_\_  
SE SE NW SW Sec. 12 Twp. 12 S. R. 20  East  West  
1550 Feet from  North /  South Line of Section  
1240 Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
 County: Ellis  
 Lease Name: Hagen Well #: 1-12  
 Field Name: Wildcat  
 Producing Formation: LKC  
 Elevation: Ground: 2138 Kelly Bushing: 2143  
 Total Depth: 3950 Plug Back Total Depth: 3854  
 Amount of Surface Pipe Set and Cemented at: 222 Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set: 1523 Feet  
 If Alternate II completion, cement circulated from: 1523  
 feet depth to: 0 w/ 200 sx cmt.

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

<u>02/14/2011</u>	<u>02/21/2011</u>	<u>03/16/2011</u>
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: 34500 ppm Fluid volume: 1490 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: 06/13/2011

Confidential Release Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT  I  II  III Approved by: NAOMI JAMES Date: 06/15/2011