



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31389 Name: Noble Petroleum, Inc. Address 1: 3101 N ROCK RD STE 125 Address 2: City: WICHITA State: KS Zip: 67226 + 1300 Contact Person: Jay Ablah Phone: (316) 636-2222 CONTRACTOR: License # 32701 Name: C & G Drilling, Inc. Wellsite Geologist: Gerald D. Honas Purchaser: Coffeyville Resources

API No. 15 - 15-015-23897-00-00

Spot Description: NW_NE_SW_NE Sec. 27 Twp. 24 S. R. 4 [X] East [] West 3922 Feet from [] North / [X] South Line of Section 1659 Feet from [X] East / [] West Line of Section

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

County: Butler Lease Name: KLAASSEN Well #: 10 Field Name: Plum Grove South

Producing Formation: MISSISSIPPI

Elevation: Ground: 1379 Kelly Bushing: 1385

Total Depth: 2654 Plug Back Total Depth: 2638

Amount of Surface Pipe Set and Cemented at: 213 Feet

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

If yes, show depth set: Feet

If Alternate II completion, cement circulated from: feet depth to: w/ sx cmt.

- 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 #:

06/07/2011 06/13/2011 06/27/2011 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: 1100 ppm Fluid volume: 400 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: 07/06/2011 [] Confidential Release Date: [X] Wireline Log Received [X] Geologist Report Received [] UIC Distribution ALT [X] I [] II [] III Approved by: NAOMI JAMES Date: 07/21/2011