



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 # 5003
Name: McCoy Petroleum Corporation
Address 1: 8080 E CENTRAL STE 300
Address 2: _____
City: WICHITA State: KS Zip: 67206 + 2366
Contact Person: Scott Hampel
Phone: (316) 636-2737
CONTRACTOR: License # 5142
Name: Sterling Drilling Company
Wellsite Geologist: Jerry Smith
Purchaser: OIL: MVPurchasing GAS: Sengas, LP

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 #: _____

4/7/2011	4/15/2011	5/18/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-047-21597-00-00

Spot Description: NW SW SE
 NW SW SE Sec. 34 Twp. 25 S. R. 19 East West
990 Feet from North / South Line of Section
2310 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Edwards

Lease Name: SMITH TRUST 'C' Well #: 1-34

Field Name: Titus

Producing Formation: Mississippian

Elevation: Ground: 2235 Kelly Bushing: 2246

Total Depth: 4754 Plug Back Total Depth: 4742

Amount of Surface Pipe Set and Cemented at: 315 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: 24300 ppm Fluid volume: 1100 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: Roberts Resources, Inc.

Lease Name: Mary 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: 06/28/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 07/06/2011