



KANSAS CORPORATION COMMISSION 1059497
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

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 # 33856
Name: White Exploration, Inc.
Address 1: 2400 N WOODLAWN STE 115
Address 2: _____
City: WICHITA State: KS Zip: 67220 + 3966
Contact Person: Kenneth S. White
Phone: (316) 682-6300
CONTRACTOR: License # 34235
Name: Amigos Well Service Inc.
Wellsite Geologist: N/A
Purchaser: MV Purchasing, LLC

API No. 15 - 15-007-23629-00-01
Spot Description: NW NE SW NWNESW
NW NE SW Sec. 27 Twp. 32 S. R. 12 East West
2310 Feet from North / South Line of Section
1650 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Ash 'B' Well #: 1

Field Name: Medicine Lodge North
Producing Formation: Mississippi
Elevation: Ground: 1604 Kelly Bushing: 1609
Total Depth: 4925 Plug Back Total Depth: 4882
Amount of Surface Pipe Set and Cemented at: 296 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: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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: White Exploration, Inc.
Well Name: #1 Ash "B"
Original Comp. Date: 01/13/2011 Original Total Depth: 4925
 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>06/22/2011</u>	<u>06/22/2011</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

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: 07/15/2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 07/18/2011