



KANSAS CORPORATION COMMISSION 1057415
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 # 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 # 30606
Name: Murfin Drilling Co., Inc.
Wellsite Geologist: Robert Hendrix
Purchaser: None

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>5/5/2011</u>	<u>5/11/2011</u>	<u>5/11/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-051-26139-00-00
Spot Description: 150'N of SE NW NE
N2_SE_NW_NE Sec. 21 Twp. 13 S. R. 19 East West
840 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: Ellis
Lease Name: DOR-KAY 'A' Well #: 1-21
Field Name: _____
Producing Formation: None
Elevation: Ground: 2049 Kelly Bushing: 2054
Total Depth: 3750 Plug Back Total Depth: 0
Amount of Surface Pipe Set and Cemented at: 220 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: 39000 ppm Fluid volume: 1100 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: Gene Karlin
Lease Name: Nuss #1 SWDW License #: 3444
Quarter NE Sec. 5 Twp. 13 S. R. 17 East West
County: Ellis Permit #: D-25588

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: 06/30/2011