

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5254  
 Name: Midco Exploration, Inc.  
 Address 1: 414 PLAZA DR STE 204  
 Address 2: \_\_\_\_\_  
 City: WESTMONT State: IL Zip: 60559 + 1265  
 Contact Person: Earl J. Joyce, Jr.  
 Phone: (630) 655-2198  
 CONTRACTOR: License # 32297  
 Name: Superior Servicing, Inc.  
 Wellsite Geologist: N/A  
 Purchaser: Parnon Gathering, Inc.

## 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: MIDCO Exploration, Inc.Well Name: Messenger COriginal Comp. Date: 07/22/1991 Original Total Depth: 4212

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

04/21/2011      05/18/2011

Spud Date or      Date Reached TD      Completion Date or  
Recompletion Date           Recompletion DateAPI No. 15 - 15-095-20902-00-02

Spot Description: \_\_\_\_\_  
 SE SE SE Sec. 25 Twp. 29 S. R. 8  East  West  
330 Feet from  North /  South Line of Section  
330 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: KingmanLease Name: MESSINGER C Well #: 1

Field Name: \_\_\_\_\_

Producing Formation: LansingElevation: Ground: 1570 Kelly Bushing: 1579Total Depth: 4212 Plug Back Total Depth: 4030Amount of Surface Pipe Set and Cemented at: 362 FeetMultiple 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 #: \_\_\_\_\_

## 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: \_\_\_\_\_  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
 ALT  I  II  III Approved by: Darlene Garrison Date: 07/05/2011

Operator Name: Midco Exploration, Inc. Lease Name: MESSENGER C Well #: 1  
 Sec. 25 Twp. 29 S. R. 8  East  West County: Kingman

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	3120	-1591
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Topeka	3183	-1604
Electric Log Submitted Electronically (If no, Submit Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Douglas	3204	-1623
List All E. Logs Run:		Lansing	3404	-1825
		Swope	3810	-2231
		Mississippi Chert	4156	-2577

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12.25	8.625	24	362	common	250	3% c 2% gel
Production	7.875	5.5	14	4176		0	
Production*	5.5	4.5	10.5	3820	Light A	175	2% cc

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate	3202-3834	A		1% cc
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD	640-940	A	160	2% cc
<input checked="" type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	3847-3853 total 13 holes (s/h/b 3947-53)	500 gal 15% NE Acid (from original information)	
4	3947-53	1500 gallons 15% NE Acid	

TUBING RECORD:	Size: <u>2.375</u>	Set At: <u>3752</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>05/21/2011</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls. <u>6</u>	Gas Mcf	Water Bbls. <u>23</u>	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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26. 1: 6.31: 13.11.12

26. 1: 6.31: 13.11.13