



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 # 30606 Name: Murfin Drilling Co., Inc. Address 1: 250 N WATER STE 300 Address 2: City: WICHITA State: KS Zip: 67202 + 1216 Contact Person: Leon Rodak Phone: (316) 267-3241 CONTRACTOR: License # 30606 Name: Murfin Drilling Co., Inc. Wellsite Geologist: Rocky Milford Purchaser: MV Purchasing

Designate Type of Completion: [X] New Well [] Re-Entry [] Workover [X] 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 #:

06/08/2011 06/17/2011 07/05/2011 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-039-21133-00-00

Spot Description: E2 NW NW SE Sec. 18 Twp. 2 S. R. 29 [] East [X] West 2310 Feet from [] North / [X] South Line of Section 2200 Feet from [X] East / [] West Line of Section

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

County: Decatur Lease Name: Torluemke Well #: 1-18

Field Name: Producing Formation: LKC

Elevation: Ground: 2782 Kelly Bushing: 2787

Total Depth: 4070 Plug Back Total Depth: 4034

Amount of Surface Pipe Set and Cemented at: 262 Feet

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

If yes, show depth set: 2520 Feet

If Alternate II completion, cement circulated from: 2520

feet depth to: 270 w/ 200 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 800 ppm Fluid volume: 800 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: 08/08/2011

[] Confidential Release Date:

[X] Wireline Log Received

[X] Geologist Report Received

[] UIC Distribution

ALT [X] I [] II [] III Approved by: NAOMI JAMES Date: 08/09/2011