



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 # 33245
Name: Cross Bar Energy, LLC
Address 1: 100 S MAIN
Address 2: STE 400
City: WICHITA State: KS Zip: 67202 + 3737
Contact Person: Albert Breusing
Phone: (316) 239-6151
CONTRACTOR: License # 33217
Name: Three Rivers Exploration, LLC
Wellsite Geologist: Albert Breusing
Purchaser: _____

API No. 15 - 15-073-24160-00-00
Spot Description: _____
SE NE SW SW Sec. 23 Twp. 23 S. R. 10 East West
953 Feet from North / South Line of Section
1125 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Greenwood
Lease Name: Burkett 'E' Well #: 50
Field Name: _____
Producing Formation: Bartlesville

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.): _____

Elevation: Ground: 1346 Kelly Bushing: 1351
Total Depth: 2330 Plug Back Total Depth: 2280
Amount of Surface Pipe Set and Cemented at: 201 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1294 Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx cmt.

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 #: _____
6/10/2011 6/18/2011 7/15/2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 1400 ppm Fluid volume: 500 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
 Letter of Confidentiality Received
Date: 08/16/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 08/17/2011