



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

Form Must Be Typed Form must be Signed All blanks must be Filled

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: Kent Crisler Purchaser: None

Designate Type of Completion: [X] New Well [ ] Re-Entry [ ] Workover [ ] Oil [ ] WSW [ ] SWD [ ] SIOW [ ] Gas [X] 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 #:

07/13/2011 07/21/2011 7/22/2011 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-039-21135-00-00 Spot Description: SE\_SW\_NW\_SW Sec. 18 Twp. 2 S. R. 29 [ ] East [X] West 1420 Feet from [ ] North [X] South Line of Section 600 Feet from [ ] East [X] West Line of Section Footages Calculated from Nearest Outside Section Corner: [ ] NE [ ] NW [ ] SE [X] SW County: Decatur Lease Name: Maywen Unit Well #: 1-18 Field Name: Producing Formation: None Elevation: Ground: 2810 Kelly Bushing: 2815 Total Depth: 4060 Plug Back Total Depth: Amount of Surface Pipe Set and Cemented at: 263 Feet Multiple Stage Cementing Collar Used? [ ] Yes [X] 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: 1900 ppm Fluid volume: 1000 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: 08/26/2011 [ ] Confidential Release Date: [X] Wireline Log Received [X] Geologist Report Received [ ] UIC Distribution ALT [X] I [ ] II [ ] III Approved by: NAOMI JAMES Date: 08/26/2011