



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 # 5144
 Name: Mull Drilling Company, Inc.
 Address 1: 1700 N WATERFRONT PKWY
 Address 2: BLDG 1200
 City: WICHITA State: KS Zip: 67206 +
 Contact Person: Mark Shreve
 Phone: (316) 264-6366
 CONTRACTOR: License # 5929
 Name: Duke Drilling Co., Inc.
 Wellsite Geologist: Robert Stolzie
 Purchaser: N/A

API No. 15 - 15-135-25229-00-00

Spot Description: _____
 SW SE NW NE Sec. 21 Twp. 16 S. R. 26 East West
1158 Feet from North / South Line of Section
1846 Feet from East / West Line of Section

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

County: Ness
 Lease Name: Tokoi Well #: 1-21

Field Name: Unice
 Producing Formation: N/A

Elevation: Ground: 2632 Kelly Bushing: 2640
 Total Depth: 4640 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 227 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.

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>07/06/2011</u>	<u>07/14/2011</u>	<u>07/14/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)

Chloride content: 23000 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	
<input checked="" type="checkbox"/> Letter of Confidentiality Received	Date: <u>09/29/2011</u>
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input checked="" type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>NAOMI JAMES</u> Date: <u>09/29/2011</u>