



# CONFIDENTIAL 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: Mike Kidwell  
Purchaser: \_\_\_\_\_

API No. 15 - 15-193-20800-00-00  
Spot Description: \_\_\_\_\_  
NW SE SE NE Sec. 20 Twp. 10 S. R. 34  East  West  
2200 Feet from  North /  South Line of Section  
550 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Thomas  
Lease Name: Steele 'A' Well #: 2-20

Field Name: \_\_\_\_\_  
Producing Formation: LKC, Myrick Station, Johnson  
Elevation: Ground: 3239 Kelly Bushing: 3250  
Total Depth: 4900 Plug Back Total Depth: 4826  
Amount of Surface Pipe Set and Cemented at: 267 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 2805  
feet depth to: 0 w/ 240 sx cmt.

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  WSW  SWD  SLOW  
 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>07/02/2011</u>	<u>07/15/2011</u>	<u>08/10/2011</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: 39000 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**

Letter of Confidentiality Received  
Date: 09/14/2011

Confidential Release Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT  I  II  III Approved by: NAOMI JAMES Date: 09/14/2011