



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: Steve Miller

Purchaser: Steve Miller

Designate Type of Completion:

- Checkboxes for completion types: 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:

- Checkboxes for completion details: 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 #:

10/14/2011 10/23/2011 10/24/2011

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-193-20815-00-00

Spot Description:

NE NW NE Sec. 11 Twp. 10 S. R. 34 East West

330 Feet from North / South Line of Section

1650 Feet from East / West Line of Section

Footages Calculated from Nearest OUTSIDE Section Corner:

- Checkboxes for corner footages: NE, NW, SE, SW

County: Thomas

Lease Name: Kriss Well #: 1-11

Field Name:

Producing Formation: None

Elevation: Ground: 3221 Kelly Bushing: 3232

Total Depth: 4900 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 308 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.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 21000 ppm Fluid volume: 1500 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: 11/13/2011

Confidential Release Date:

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 11/14/2011