



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

OPERATOR: License # 9855
 Name: Grand Mesa Operating Company
 Address 1: 1700 N WATERFRONT PKWY BLDG 600
 Address 2: _____
 City: WICHITA State: KS Zip: 67206 + 5514
 Contact Person: Ronald N. Sinclair
 Phone: (316) 265-3000
 CONTRACTOR: License # 30606
 Name: Murfin Drilling Co., Inc.
 Wellsite Geologist: John Goldsmith
 Purchaser: None

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 #: _____

10/15/2011	10/25/2011	10/25/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-171-20840-00-00
 Spot Description: 975' FNL & 1172' FWL NESENWNW
NE SE NW NW Sec. 21 Twp. 16 S. R. 33 East West
975 Feet from North / South Line of Section
1172 Feet from East / West Line of Section

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

County: Scott
 Lease Name: UNRUH Well #: 1-21
 Field Name: Wildcat
 Producing Formation: None
 Elevation: Ground: 3077 Kelly Bushing: 3082
 Total Depth: 4850 Plug Back Total Depth: 0
 Amount of Surface Pipe Set and Cemented at: 247 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: 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: 11/28/2011

Confidential Release Date: _____

Wireline Log Received
 Geologist Report Received
 UIC Distribution

ALT I II III Approved by: NACMI JAMES Date: 11/28/2011