



KANSAS CORPORATION COMMISSION 1068312  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

**CONFIDENTIAL**

**WELL COMPLETION FORM**

**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 33036  
Name: Strata Exploration, Inc.  
Address 1: PO BOX 401  
Address 2: \_\_\_\_\_  
City: FAIRFIELD State: IL Zip: 62837 + 0401  
Contact Person: John R Kinney  
Phone: ( 618 ) 842-2610  
CONTRACTOR: License # 5142  
Name: Sterling Drilling Company  
Wellsite Geologist: Jon Christensen  
Purchaser: \_\_\_\_\_

API No. 15 - 15-081-21959-00-00

Spot Description: \_\_\_\_\_  
SW NW NW NE Sec. 10 Twp. 30 S. R. 32  East  West  
335 Feet from  North /  South Line of Section  
2590 Feet from  East /  West Line of Section

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

County: Haskell

Lease Name: Stapleton Well #: 6-10

Field Name: \_\_\_\_\_

Producing Formation: St. Louis

Elevation: Ground: 2891 Kelly Bushing: 2904

Total Depth: 5620 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 1846 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: 3008 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 #: \_\_\_\_\_

08/12/2011 08/24/2011 09/29/2011

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

**Drilling Fluid Management Plan**

(Date must be collected from the Reserve Pit)

Chloride content: 2900 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: 11/28/2011  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NAOMI JAMES Date: 11/29/2011