



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 # 33937 Name: Neal LaFon Realty Inc. dba Meridian Energy Inc. Address 1: 1475 WARD DR Address 2: City: FRANKTOWN State: CO Zip: 80116 + 9405 Contact Person: Neal LaFon Phone: (303) 688-4022 CONTRACTOR: License # 33905 Name: Royal Drilling Inc Wellsite Geologist: Neal Lafon Purchaser: Plains Marketing

Designate Type of Completion: [X] New Well [] Re-Entry [] Workover [X] 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 #:

10/20/2011 10/28/2011 1/19/2012 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-163-23985-00-00

Spot Description: NE NW NE

NE_NW_NE Sec. 5 Twp. 10 S. R. 19 [] East [X] West

330 Feet from [X] North [] South Line of Section

1650 Feet from [X] East [] West Line of Section

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

County: Rooks

Lease Name: Eichman Well #: 2-A

Field Name:

Producing Formation: Arbuckle

Elevation: Ground: 2217 Kelly Bushing: 2224

Total Depth: 3835 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 220 Feet

Multiple Stage Cementing Collar Used? [] Yes [X] 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: 47000 ppm Fluid volume: 400 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

[X] Letter of Confidentiality Received Date: 01/19/2012

[] Confidential Release Date:

[X] Wireline Log Received

[X] Geologist Report Received

[] UIC Distribution

ALT [] I [X] II [] III Approved by: NAOMI JAMES Date: 01/25/2012