



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 # 5056 Name: F. G. Holl Company L.L.C. Address 1: 9431 E CENTRAL STE 100 Address 2: City: WICHITA State: KS Zip: 67206 + 2563 Contact Person: Franklin R. Greenbaum Phone: (316) 684-8481 CONTRACTOR: License # 5929 Name: Duke Drilling Co., Inc. Wellsite Geologist: Ryan Greenbaum Purchaser: None

Designate Type of Completion: [X] New Well [] Re-Entry [] Workover [] Oil [] WSW [] SWD [] SIOW [] Gas [X] 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 #:

12/09/2011 12/18/2011 12/18/2011 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-083-21740-00-00

Spot Description: 100' East of CN2N2NE

W2_NW_NE_NE Sec. 1 Twp. 23 S. R. 22 [] East [X] West

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

1220 Feet from [X] East [] West Line of Section

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

County: Hodgeman

Lease Name: REECE 'A' Well #: 1-1

Field Name: Alice

Producing Formation: None

Elevation: Ground: 2287 Kelly Bushing: 2298

Total Depth: 4650 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 1037 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: 14800 ppm Fluid volume: 900 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: 02/10/2012

[] Confidential Release Date:

[X] Wireline Log Received

[] Geologist Report Received

[] UIC Distribution

ALT [X] I [] II [] III Approved by: NAOMI JAMES Date: 02/10/2012