

**CONFIDENTIAL****WELL COMPLETION FORM****Form Must Be Typed**
Form must be Signed
All blanks must be Filled**WELL HISTORY - DESCRIPTION OF WELL & LEASE**OPERATOR: License # 5056Name: F. G. Holl Company L.L.C.Address 1: 9431 E CENTRAL STE 100

Address 2: _____

City: WICHITA State: KS Zip: 67206 + 2563Contact Person: Franklin R. GreenbaumPhone: (316) 684-8481CONTRACTOR: License # 5929Name: Duke Drilling Co., Inc.Wellsite Geologist: Ryan Greenbaum

Purchaser: _____

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 #: _____

<u>08/22/2011</u>	<u>08/31/2011</u>	<u>09/29/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-009-25604-00-00Spot Description: 30' N. & 110' W. OF E2W2NWE2 W2 NW Sec. 30 Twp. 19 S. R. 14 East West1290 Feet from North / South Line of Section880 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE NW SE SWCounty: BartonLease Name: LEROY FARMING TRUST Well #: 1-30Field Name: WildcatProducing Formation: Lansing-Kansas CityElevation: Ground: 1910 Kelly Bushing: 1920Total Depth: 3541 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at: 850 FeetMultiple 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: 22500 ppm Fluid volume: 875 bblsDewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: _____

Operator Name: Paul's Oilfield ServiceLease Name: MILLER SWD License #: 31085Quarter NE Sec. 6 Twp. 19 S. R. 15 East WestCounty: Barton Permit #: 15-009-22715-00-01**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: 10/03/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 02/21/2012