



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 # 30606
 Name: Murfin Drilling Co., Inc.
 Address 1: 250 N WATER STE 300
 Address 2: _____
 City: WICHITA State: KS Zip: 67202 + 1216
 Contact Person: Leon Rodak
 Phone: (316) 267-3241
 CONTRACTOR: License # 30606
 Name: Murfin Drilling Co., Inc.
 Wellsite Geologist: Paul Gunzelman
 Purchaser: MV Purchasing

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>11/14/2011</u>	<u>11/22/2011</u>	<u>12/16/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-051-26205-00-00

Spot Description: _____
SW SE NE SE Sec. 3 Twp. 14 S. R. 19 East West
1520 Feet from North / South Line of Section
500 Feet from East / West Line of Section

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

County: Ellis
 Lease Name: Dorzweiler Well #: 1-3
 Field Name: _____

Producing Formation: LKC
 Elevation: Ground: 2186 Kelly Bushing: 2191
 Total Depth: 3905 Plug Back Total Depth: 3868
 Amount of Surface Pipe Set and Cemented at: 220 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: 1514 Feet
 If Alternate II completion, cement circulated from: 1514
 feet depth to: 0 w/ 200 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 32800 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: 02/20/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 02/21/2012