



**CONFIDENTIAL**  
**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 5144  
 Name: Mull Drilling Company, Inc.  
 Address 1: 1700 N WATERFRONT PKWY  
 Address 2: BLDG 1200  
 City: WICHITA State: KS Zip: 67206 + \_\_\_\_\_  
 Contact Person: Mark Shreve  
 Phone: ( 316 ) 264-6366  
 CONTRACTOR: License # 33575  
 Name: WW Drilling, LLC  
 Wellsite Geologist: Macklin Armstrong  
 Purchaser: N/A

API No. 15 - 15-063-21948-00-00  
 Spot Description:  
NE SE SW SW Sec. 3 Twp. 15 S. R. 27  East  West  
493 Feet from  North /  South Line of Section  
1132 Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
 County: Gove  
 Lease Name: Bill Well #: 1-3  
 Field Name: \_\_\_\_\_  
 Producing Formation: N/A  
 Elevation: Ground: 2418 Kelly Bushing: 2423  
 Total Depth: 4350 Plug Back Total Depth: \_\_\_\_\_  
 Amount of Surface Pipe Set and Cemented at: 220 Feet  
 Multiple 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.

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>10/14/2011</u>	<u>10/22/2011</u>	<u>10/22/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

**Drilling Fluid Management Plan**  
*(Data must be collected from the Reserve Pit)*  
 Chloride content: 21000 ppm Fluid volume: 950 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: 02/03/2012

Confidential Release Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT  I  II  III Approved by: NAOMI JAMES Date: 02/06/2012