



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34110
 Name: Caerus Kansas LLC
 Address 1: 600 17TH ST, STE 1600 N
 Address 2: _____
 City: DENVER State: CO Zip: 80202 + _____
 Contact Person: Amy Lay
 Phone: (303) 565-4600
 CONTRACTOR: License # 34233
 Name: Maverick Drilling LLC
 Wellsite Geologist: Herb Deines
 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 #: _____

10/29/2011	11/2/2011	11/3/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-009-25632-00-00

Spot Description: _____
SE NW NW Sec. 30 Twp. 20 S. R. 11 East West
400 Feet from North / South Line of Section
640 Feet from East / West Line of Section

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

County: Barton
 Lease Name: Soeken Well #: 30-11
 Field Name: _____
 Producing Formation: N/A
 Elevation: Ground: 1800 Kelly Bushing: 1809
 Total Depth: 3450 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 600 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.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 160 bbls
 Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:
 Operator Name: Caerus Kansas LLC
 Lease Name: Hullman Trust #2 SWD License #: 34110
 Quarter NW Sec. 36 Twp. 21 S. R. 12 East West
 County: Stafford Permit #: 30004

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: 02/23/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 02/24/2012