



# 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 # 33036

Name: Strata Exploration, Inc.

Address 1: PO BOX 401

Address 2: \_\_\_\_\_

City: FAIRFIELD State: IL Zip: 62837 + 0401

Contact Person: John R Kinney

Phone: ( 618 ) 842-2610

CONTRACTOR: License # 5142

Name: Sterling Drilling Company

Wellsite Geologist: Jon Christensen

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: Strata Exploration, Inc.

Well Name: Gene Einsel #1-34

Original Comp. Date: 03/06/2012 Original Total Depth: 4837

- 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>03/06/2012</u>	<u>03/06/2012</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-097-21682-00-01

Spot Description: \_\_\_\_\_

E2 NW NW SW Sec. 34 Twp. 27 S. R. 18  East  West

2310 Feet from  North /  South Line of Section

455 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE
- NW
- SE
- SW

County: Kiowa

Lease Name: Gene Einsel Well #: 1-34

Field Name: \_\_\_\_\_

Producing Formation: Lansing "A"

Elevation: Ground: 2191 Kelly Bushing: 2202

Total Depth: 4837 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 523 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: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

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: 04/16/2012
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: NAOMI JAMES Date: 04/18/2012