

CONFIDENTIAL

KANSAS CORPORATION COMMISSION 1077903

OIL & GAS CONSERVATION DIVISION

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

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

OPERATOR: License # 34570

Name: Central States Energy LLC

Address 1: PO BOX 454

Address 2:

City: STILLWELL State: KS Zip: 66085 +

Contact Person: Curstin Hamblin

Phone: (913) 533-9900

CONTRACTOR: License # 34059

Name: Hurricane Services, Inc.

Wellsite Geologist: Curstin Hamblin

Purchaser: Riverdale Pipeline

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: 32294

Well Name: Markle 3-21

Original Comp. Date: 07/20/2009 Original Total Depth: 559

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 #: _____

03/02/2012

Spud Date or
Recompletion Date

Date Reached TD

03/02/2012

Completion Date or
Recompletion Date

API No. 15 - 15-121-28714-00-01

Spot Description:

SE SW NE SE Sec. 21 Twp. 16 S. R. 25 East West
 1430 Feet from North / South Line of Section
 920 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE NW SE SW

County: Miami

Lease Name: Markle Well #: 3-21

Field Name: _____

Producing Formation: Marmaton

Elevation: Ground: 997 Kelly Bushing: 1002

Total Depth: 559 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 2520 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: 04/03/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 04/04/2012