



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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

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: Kevin Kessler Purchaser: N/A

Designate Type of Completion: [X] New Well [] Re-Entry [] Workover [] Oil [] WSW [] SWD [] SLOW [] Gas [X] 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 #:

Table with 3 columns: Spud Date or Completion Date, Date Reached TD, Completion Date or Recompletion Date. Values: 11/29/2011, 12/07/2011, 12/07/2011

API No. 15 - 15-135-25300-00-00 Spot Description: NE NE SW SW Sec. 31 Twp. 16 S. R. 22 [] East [X] West 1309 Feet from [] North [X] South Line of Section 1268 Feet from [] East [X] West Line of Section

Footages Calculated from Nearest Outside Section Corner: [] NE [] NW [] SE [X] SW County: Ness Lease Name: Patricia Well #: 1-31

Field Name: Producing Formation: N/A Elevation: Ground: 2375 Kelly Bushing: 2380 Total Depth: 4500 Plug Back Total Depth: Amount of Surface Pipe Set and Cemented at: 220 Feet Multiple Stage Cementing Collar Used? [] Yes [X] 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: 45000 ppm Fluid volume: 900 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

[X] Letter of Confidentiality Received Date: 03/05/2012 [] Confidential Release Date: [X] Wireline Log Received [X] Geologist Report Received [] UIC Distribution ALT [] I [X] II [] III Approved by: NAOMI JAMES Date: 03/06/2012