



CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed

Form must be Signed

All blanks must be Filled

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5056
Name: F. G. Holl Company L.L.C.
Address 1: 9431 E CENTRAL STE 100
Address 2:
City: WICHITA State: KS Zip: 67206 + 2563
Contact Person: Franklin R. Greenbaum
Phone: ( 316 ) 684-8481
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: Ryan Greenbaum
Purchaser: None

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 #:

02/09/2012 02/20/2012 02/21/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-083-21748-00-00

Spot Description: 120' N. & 135' W. OF W2W2SWNW
SW NW SW NW Sec. 5 Twp. 23 S. R. 21 [ ] East [ ] West
1860 Feet from [ ] North / [ ] South Line of Section
30 Feet from [ ] East / [ ] West Line of Section

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

County: Hodgeman

Lease Name: BAUER UNIT 'A' Well #: 1-5

Field Name: Wildcat

Producing Formation: None

Elevation: Ground: 2256 Kelly Bushing: 2264

Total Depth: 4700 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 573 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: 20000 ppm Fluid volume: 825 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: 04/19/2012

[ ] Confidential Release Date:

[ ] Wireline Log Received

[ ] Geologist Report Received

[ ] UIC Distribution

ALT [ ] I [ ] II [ ] III Approved by: NAOMI JAMES Date: 04/20/2012