



KANSAS CORPORATION COMMISSION 1075584
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Signed
All blanks must be Filled

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

OPERATOR: License # 33856
Name: White Exploration, Inc.
Address 1: 2400 N WOODLAWN STE 115
Address 2: _____
City: WICHITA State: KS Zip: 67220 + 3966
Contact Person: Kenneth S. White
Phone: (316) 682-6300
CONTRACTOR: License # 30606
Name: Murfin Drilling Co., Inc.
Wellsite Geologist: Tom Williams
Purchaser: MV Purchasing LLC

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 #: _____

<u>02/23/2012</u>	<u>03/01/2012</u>	<u>04/17/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-187-21205-00-00
Spot Description: C E/2 SW E2SW
E2 SW Sec. 34 Twp. 29 S. R. 41 East West
1320 Feet from North / South Line of Section
1980 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Stanton
Lease Name: Carr Well #: 2-34
Field Name: Arroyo
Producing Formation: Morrow- Keyes
Elevation: Ground: 3383 Kelly Bushing: 3394
Total Depth: 5520 Plug Back Total Depth: 5481
Amount of Surface Pipe Set and Cemented at: 1612 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 3540 Feet
If Alternate II completion, cement circulated from: 3540
feet depth to: 0 w/ 400 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 400 ppm Fluid volume: 1200 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: 05/02/2012
- Confidential Release Date: _____
- Wireline Log Received
 Geologist Report Received
 UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 05/02/2012