



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: _____
 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 #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
<u>02/20/2012</u>	<u>03/01/2012</u>	<u>03/15/2012</u>

API No. 15 - 15-097-21717-00-00
 Spot Description:
SW SW NE NW Sec. 4 Twp. 28 S. R. 18 East West
1130 Feet from North / South Line of Section
1625 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Kiowa
 Lease Name: Sampson Well #: 2-4
 Field Name: _____
 Producing Formation: Miss
 Elevation: Ground: 2205 Kelly Bushing: 2216
 Total Depth: 4925 Plug Back Total Depth: _____
 Amount of Surface Pipe Sealed and Cemented at: 540 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: 9400 ppm Fluid volume: 900 bbls
 Dewatering method used: Filtered to Disposal
 Location of fluid disposal if hauled offsite: _____
 Operator Name: Roberts Resources
 Lease Name: MARY License #: 32781
 Quarter NW Sec. 16 Twp. 29 S. R. 18 East West
 County: Kiowa Permit #: D28396

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 05/14/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT Approved by: NAOMI JAMES Date: 05/14/2012