CONFIDENTIAL

KANSAS CORPORATION COMMISSION 1083233
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 # 30606

Name: Murfin Drilling Co., Inc.

Address 1: 250 N WATER STE 300

Address 2:

City: WICHITA   State: KS   Zip: 67202 + 1216

Contact Person: Leon Rodak

Phone: (316) 267-3241

CONTRACTOR: License # 30606

Name: Murfin Drilling Co., Inc.

Wellsite Geologist: Brad Rine

Purchaser:

Designate Type of Completion:

- [x] New Well   - [ ] Re-Entry   - [ ] Workover
- [ ] Oil   - [ ] WSW   - [ ] SWD   - [ ] SIOW
- [ ] 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 #:

03/25/2012	04/01/2012	04/20/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-163-24018-00-00

Spot Description:

SE _ NW_ NW_ SW Sec. 20 Twp. 7 _ S. R. 18 _ [ ] East [x] West

2150 _____ Feet from [ ] North / [x] South Line of Section

500 _____ Feet from [ ] East / [x] West Line of Section

Footages Calculated from Nearest Outside Section Corner:

[ ] NE [ ] NW [ ] SE [x] SW

County: Rooks

Lease Name: Reed   Well #: 1-20

Field Name:

Producing Formation: NA

Elevation: Ground: 1912   Kelly Bushing: 1923

Total Depth: 3500   Plug Back Total Depth: 3476

Amount of Surface Pipe Set and Cemented at: 267 _____ 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: 8700 _____ ppm   Fluid volume: 1500 _____ 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