



CONFIDENTIAL

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 #: _____

<u>03/31/2012</u>	<u>04/10/2012</u>	<u>04/27/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-097-21721-00-00
Spot Description: _____
SW NW SE NE Sec. 3 Twp. 28 S. R. 18 East West
1700 Feet from North / South Line of Section
1305 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kiowa
Lease Name: Richardson Well #: 1-3
Field Name: _____
Producing Formation: Miss
Elevation: Ground: 2208 Kelly Bushing: 2219
Total Depth: 4890 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 622 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: 7500 ppm Fluid volume: 900 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: Roberts Resources
Lease Name: MARY License #: 32781
Quarter SW 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: 06/04/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 06/05/2012