



**CONFIDENTIAL**

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

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

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 #: \_\_\_\_\_

03/03/2012    03/13/2012    04/06/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-097-21718-00-00  
Spot Description: \_\_\_\_\_  
E2 SW NW NE Sec. 33 Twp. 27 S. R. 18  East  West  
990 Feet from  North /  South Line of Section  
2300 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Kiowa  
Lease Name: Robertson Well #: 2-33  
Field Name: \_\_\_\_\_  
Producing Formation: Miss  
Elevation: Ground: 2193 Kelly Bushing: 2205  
Total Depth: 4860 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 580 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: 5000 ppm Fluid volume: 900 bbls  
Dewatering method used: Hauled to Disposal  
Location of fluid disposal if hauled offsite:  
Operator Name: Roberts Recources  
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: 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