



CONFIDENTIAL

WELL COMPLETION FORM

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

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5144
 Name: Mull Drilling Company, Inc.
 Address 1: 1700 N WATERFRONT PKWY
 Address 2: BLDG 1200
 City: WICHITA State: KS Zip: 67206 +
 Contact Person: Mark Shreve
 Phone: (316) 264-6366
 CONTRACTOR: License # 33575
 Name: WW Drilling, LLC
 Wellsite Geologist: Kevin Kessler
 Purchaser: Plains Marketing

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>04/09/2012</u>	<u>04/17/2012</u>	<u>05/01/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-135-25376-00-00

Spot Description: _____

NW NE SE SW Sec. 16 Twp. 17 S. R. 23 East West

1113 Feet from North / South Line of Section

2136 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Ness

Lease Name: David Well #: 2-16

Field Name: Oppliger

Producing Formation: Cherokee Sandstone

Elevation: Ground: 2456 Kelly Bushing: 2461

Total Depth: 4560 Plug Back Total Depth: 4505

Amount of Surface Pipe Set and Cemented at: 205 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 1785 Feet

If Alternate II completion, cement circulated from: 1785

feet depth to: 0 w/ 145 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 27000 ppm Fluid volume: 900 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: 07/31/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: Deanna Garrison Date: 08/03/2012