



KANSAS CORPORATION COMMISSION 1089427
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

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

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3882
Name: Samuel Gary Jr. & Associates, Inc.
Address 1: 1515 WYNKOOP, STE 700
Address 2: _____
City: DENVER State: CO Zip: 80202 + _____
Contact Person: TOM FERTAL
Phone: (303) 831-4673
CONTRACTOR: License # 31548
Name: Discovery Drilling
Wellsite Geologist: TIM HEDRICK
Purchaser: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #: _____
4/11/2012 4/18/2012 4/19/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-195-22773-00-00
Spot Description: _____
E2 W2 NE SW Sec. 30 Twp. 11 S. R. 21 East West
1980 Feet from North / South Line of Section
1700 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Trego
Lease Name: NILHAS TRUST Well #: 1-30
Field Name: _____
Producing Formation: MARMATON
Elevation: Ground: 2274 Kelly Bushing: 2282
Total Depth: 4094 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 350 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1690 Feet
If Alternate II completion, cement circulated from: 1690
feet depth to: 0 w/ 130 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 45000 ppm Fluid volume: 320 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: KARLIN, GENE DBA GENE KARLIN COMPANY
Lease Name: NUSS License #: 3444
Quarter SW Sec. 5 Twp. 13 S. R. 17 East West
County: ELLIS Permit #: D25588

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: 08/03/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 08/07/2012