



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: Wes Hansen

Purchaser: NA

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 #: _____

<u>05/02/2012</u>	<u>05/14/2012</u>	<u>05/15/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-193-20836-00-00

Spot Description: _____

SW SE NE NE Sec. 20 Twp. 10 S. R. 34 East West

1170 Feet from North / South Line of Section

500 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Thomas

Lease Name: Steele 'A' Well #: 3-20

Field Name: _____

Producing Formation: NA

Elevation: Ground: 3237 Kelly Bushing: 3248

Total Depth: 4885 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 268 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: 39500 ppm Fluid volume: 1200 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: 08/24/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 08/27/2012