



KANSAS CORPORATION COMMISSION 1090887
OIL & GAS CONSERVATION DIVISION

Form AGO-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 # 5003
Name: McCoy Petroleum Corporation
Address 1: 8080 E CENTRAL STE 300
Address 2: _____
City: WICHITA State: KS Zip: 67206 + 2366
Contact Person: Scott Hampel
Phone: (316) 636-2737
CONTRACTOR: License # 5142
Name: Sterling Drilling Company
Wellsite Geologist: Jerry Smith
Purchaser: MVPurchasing

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>6/16/2012</u>	<u>6/24/2012</u>	<u>7/20/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-081-21987-00-00
Spot Description: 150' N of N2 SE SW N2N2SESW
N2 N2 SE SW Sec. 29 Twp. 30 S. R. 31 East West
1140 Feet from North / South Line of Section
1980 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Haskell
Lease Name: SCHMIDT 'A' Well #: 7-29
Field Name: Lette SE
Producing Formation: LKC
Elevation: Ground: 2843 Kelly Bushing: 2856
Total Depth: 4805 Plug Back Total Depth: 4761
Amount of Surface Pipe Set and Cemented at: 1822 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: 4100 ppm Fluid volume: 700 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: 08/17/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 08/23/2012