



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 # 3882

Name: Samuel Gary Jr. & Associates, Inc.

Address 1: 1515 WYNKOOP, STE 700

Address 2: _____

City: DENVER State: CO Zip: 80202 + _____

Contact Person: CLAYTON CAMOZZI

Phone: (303) 831-4673

CONTRACTOR: License # 31548

Name: Discovery Drilling

Wellsite Geologist: TIM HEDRICK

Purchaser: SAMUEL GARY JR. & ASSOCIATES, INC.

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 #: _____

5/11/2012 5/17/2012 5/18/2012

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-051-26302-00-00

Spot Description: _____

SW NW NE SW Sec. 16 Twp. 12 S. R. 16 East West

2040 Feet from North / South Line of Section

1350 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Ellis

Lease Name: GLASSMAN Well #: 1-16

Field Name: _____

Producing Formation: LANSING, PENN SAND

Elevation: Ground: 1937 Kelly Bushing: 1945

Total Depth: 3562 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 860 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: 76000 ppm Fluid volume: 400 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: 08/31/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 08/31/2012