



CONFIDENTIAL

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

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5786
 Name: McGown Drilling, Inc.
 Address 1: PO BOX K
 Address 2: _____
 City: MOUND CITY State: KS Zip: 66056 + 0299
 Contact Person: Chris M McGown
 Phone: (913) 795-2258
 CONTRACTOR: License # 5786
 Name: McGown Drilling, Inc.
 Wellsite Geologist: n/a
 Purchaser: _____

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>05/30/2012</u>	<u>06/04/2012</u>	<u>06/04/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24597-00-00

Spot Description: _____
SW NW SW NE Sec. 11 Twp. 22 S. R. 23 East West
1815 Feet from North / South Line of Section
2475 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Linn

Lease Name: Poyser Trust Well #: Q11-11

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 866 Kelly Bushing: 866

Total Depth: 550 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 37 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 550

feet depth to: 0 w/ 86 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 100 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: 09/14/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 09/17/2012