



CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

OPERATOR: License # 34110
 Name: Caerus Kansas LLC
 Address 1: 600 17TH ST, STE 1600 N
 Address 2: _____
 City: DENVER State: CO Zip: 80202 + _____
 Contact Person: Amy Lay
 Phone: (303) 565-4600
 CONTRACTOR: License # 34233
 Name: Maverick Drilling LLC
 Wellsite Geologist: Jeff Lawler
 Purchaser: Plains Marketing

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>7/11/2012</u>	<u>7/19/2012</u>	<u>8/9/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-009-25723-00-00
 Spot Description: _____
SW SE NW NE Sec. 18 Twp. 17 S. R. 13 East West
1210 Feet from North / South Line of Section
1680 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Barton
 Lease Name: Hoffman Well #: 18-31
 Field Name: _____
 Producing Formation: Arbuckle
 Elevation: Ground: 1951 Kelly Bushing: 1962
 Total Depth: 3498 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 916 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: 6000 ppm Fluid volume: 250 bbls
 Dewatering method used: Hauled to Disposal
 Location of fluid disposal if hauled offsite: _____
 Operator Name: Caerus Kansas LLC
 Lease Name: Brack Family Farms 1-19 License #: 34110
 Quarter W2 Sec. 19 Twp. 17 S. R. 13 East West
 County: Barton Permit #: D-30,597

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: 09/17/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 09/17/2012