



KANSAS CORPORATION COMMISSION 1094134

Form ACO-1

June 2009

CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM**WELL HISTORY - DESCRIPTION OF WELL & LEASE**Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: Paul Gunzelman
 Purchaser: NA

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 #:

05/29/2012 06/07/2012 06/21/2012
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 15-023-21351-00-00

Spot Description:
 S2 N2 NW SW Sec. 25 Twp. 1 S. R. 37 ☐ East ☒ West
 2276 Feet from ☐ North / ☒ South Line of Section
 660 Feet from ☐ East / ☒ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☒ SW

County: Cheyenne

Lease Name: Johnsen 'D' Well #: 1-25

Field Name:

Producing Formation: Oread, LKC

Elevation: Ground: 3312 Kelly Bushing: 3317

Total Depth: 5070 Plug Back Total Depth: 4610

Amount of Surface Pipe Set and Cemented at: 305 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: 700 ppm Fluid volume: 1000 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: 09/20/2012

☐ Confidential Release Date:☒ Wireline Log Received☒ Geologist Report Received☐ UIC DistributionALT ☒ I ☐ II ☐ III Approved by: NAOMI JAMES Date: 09/20/2012