

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32585
 Name: NC Oil Company, Inc.
 Address 1: 7545 250TH RD
 Address 2: _____
 City: HUMBOLDT State: KS Zip: 66748 + 3203
 Contact Person: Darryn Young
 Phone: (620) 431-6908
 CONTRACTOR: License # 7160
 Name: Wrestler, David L., a General Partnership
 Wellsite Geologist: na
 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 #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
<u>05/21/2012</u>	<u>05/26/2012</u>	<u>06/05/2012</u>

API No. 15 - 15-133-27591-00-00

Spot Description: _____
SW NW SW NE Sec. 2 Twp. 27 S. R. 18 East West
3613 Feet from North / South Line of Section
2515 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE NW SE SWCounty: NeoshoLease Name: Young Well #: 7

Field Name: _____

Producing Formation: BartlesvilleElevation: Ground: 975 Kelly Bushing: 966Total Depth: 824 Plug Back Total Depth: 824Amount of Surface Pipe Set and Cemented at: 23 FeetMultiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmf.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 10 ppm Fluid volume: 80 bblsDewatering 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: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
- ALT I II III Approved by: NACMI JAMES Date: 10/03/2012



Operator Name: NC Oil Company, Inc. Lease Name: Young Well #: 7
 Sec. 2 Twp. 27 S. R. 18 East West County: Neosho

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;">Name</td> <td style="width:20%; border: none;">Top</td> <td style="width:20%; border: none;">Datum</td> </tr> <tr> <td style="border: none;">Bartlesville</td> <td style="border: none;">775</td> <td style="border: none;"></td> </tr> </table>	Name	Top	Datum	Bartlesville	775	
Name	Top	Datum					
Bartlesville	775						

CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12	7	20	23	Portland	5	
casing	5.625	2.875	5.4	798	Portland	100	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.			Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	2	10	5		29

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: Young 7

API/Permit #: 15-133-27591-00-00

Doc ID: 1095689

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
API	15-133-27580-00-00	15-133-27591-00-00
Approved By	Deanna Garrison	NAOMI JAMES
Approved Date	09/06/2012	10/03/2012
Disposition Of Gas - Used on lease	No	Yes
Disposition Of Gas - Vented	Yes	No
Ground Surface Elevation	961	975
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=2&to2185	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=2&to2515
Number of Feet East or West From Section Line	2185	2515
Number of Feet North or South From Section Line	3280	3613
Quarter Call 3	SW	NW

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Quarter Call 4 - Smallest	NE	SW
Save Link	../kcc/detail/operatorE ditDetail.cfm?docID=10 85832	../kcc/detail/operatorE ditDetail.cfm?docID=10 95689