



KANSAS CORPORATION COMMISSION 1095388
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM

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

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: TOM FERTAL
Phone: (303) 831-4673
CONTRACTOR: License # 31548
Name: Discovery Drilling
Wellsite Geologist: TIM HEDRICK
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 #: _____
6/11/2012 6/16/2012 6/17/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-051-26322-00-00
Spot Description: _____
NE SE SE NE Sec. 18 Twp. 14 S. R. 17 East West
2300 Feet from North / South Line of Section
160 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellis
Lease Name: ROSENBOOM ET AL Well #: 1-18
Field Name: _____
Producing Formation: N/A
Elevation: Ground: 1977 Kelly Bushing: 1985
Total Depth: 3668 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 1030 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 82000 ppm Fluid volume: 160 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: 10/01/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 10/02/2012