



**CONFIDENTIAL**

OIL & GAS CONSERVATION DIVISION

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

**WELL COMPLETION FORM**

**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 31652  
 Name: Norstar Petroleum, Inc.  
 Address 1: 88 INVERNESS CIR E. Unit F104  
 Address 2:  
 City: ENGLEWOOD State: CO Zip: 80112 +  
 Contact Person: Brady Pfeiffer  
 Phone: (303) 925-0696  
 CONTRACTOR: License # 33575  
 Name: WW Drilling, LLC  
 Wellsite Geologist: Robert Elder  
 Purchaser: NCRA

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 #:

7/30/2012 8/6/2012 8/10/2012  
 Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-193-20858-00-00  
 Spot Description:  
 NE SW SE Sec. 35 Twp. 9 S. R. 35  East  West  
 335 Feet from  North /  South Line of Section  
 2058 Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
 County: Thomas  
 Lease Name Barrett Family Trust Well #: 1-35  
 Field Name:  
 Producing Formation: Lansing "K"  
 Elevation Ground: 3328 Kelly Bushing: 3333  
 Total Depth: 4978 Plug Back Total Depth:  
 Amount of Surface Pipe Sealed Cemented at 289 Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set: 2854 Feet  
 If Alternate completion, cement circulated from: 2854  
 feet depth to 50 w/ 325 sx cmt.

**Drilling Fluid Management Plan**  
 (Data must be collected from the Reserve Pit)  
 Chloride content 10000 ppm Fluid volume: 500 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 09/24/2012  
 Confidential Release Date:  
 Wireline Log Received  
 Geophysical Report Received  
 UIC Distribution  
 ALT  Approved by: NAGMI JAMES Date: 10/02/2012