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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONWELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

OPERATOR: License # 33471
 Name: Mid-Continent Fractionation & Storage LLC
 Address 1: One Williams Center
 Address 2: _____
 City: Tulsa State: OK Zip: 74172 + _____
 Contact Person: Catherine Orban
 Phone: (918) 573-1535
 CONTRACTOR: License # 6427
 Name: Rosencrantz-Bemis Enterprise, Inc
 Wellsite Geologist: _____
 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: N/A
 Well Name: N/A
 Original Comp. Date: N/A Original Total Depth: N/A
☐ 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 #: _____

12-7-2011 12-8-2011 12-10-2011
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 159-22674-00-00

CP-7 (28)

Spot Description: 38.373810, -98.068775
 NW SE NW NW Sec. 26 Twp. 19 S. R. 7 ☐ East ☒ West
861 Feet from ☒ North / ☐ South Line of Section
826 Feet from ☐ East / ☒ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☒ NW ☐ SE ☐ SWCounty: RiceLease Name: Mitchell Station MP 28 Well #: 1Field Name: N/AProducing Formation: N/AElevation: Ground: 1740 Kelly Bushing: N/ATotal Depth: 200 Plug Back Total Depth: N/AAmount of Surface Pipe Set and Cemented at: See Attached Drawing 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 cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: Ryan Barta

Lease Name: _____ License #: _____

Quarter NW Sec. 3 Twp. 19 S. R. 6 ☐ East ☒ WestCounty: Rice Permit #: N/A

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: RustyTitle: Project Coordinator Date: 10/8/2012

KCC Office Use ONLY

☐ Letter of Confidentiality Received

Date: _____

☐ Confidential Release Date: _____☐ Wireline Log Received☐ Geologist Report Received☐ UIC DistributionALT ☐ I ☐ II ☒ III Approved by: DIG Date: 10/15/12

Operator Name: Mid-Continent Fractionation & Storage LLC Lease Name: Mitchell Station MP 28 Well #: X CP-7
 Sec. 26 Twp. 19 S. R. 7 ☐ East ☒ West County: Rice

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 Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☐ Yes ☒ No

Electric Log Submitted Electronically ☐ Yes ☒ No
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum

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CASING RECORD ☐ New ☐ 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
See Attached Drawing	12 in	6 in	NA	NA	Portland	37	NA

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ Plug Off Zone				

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

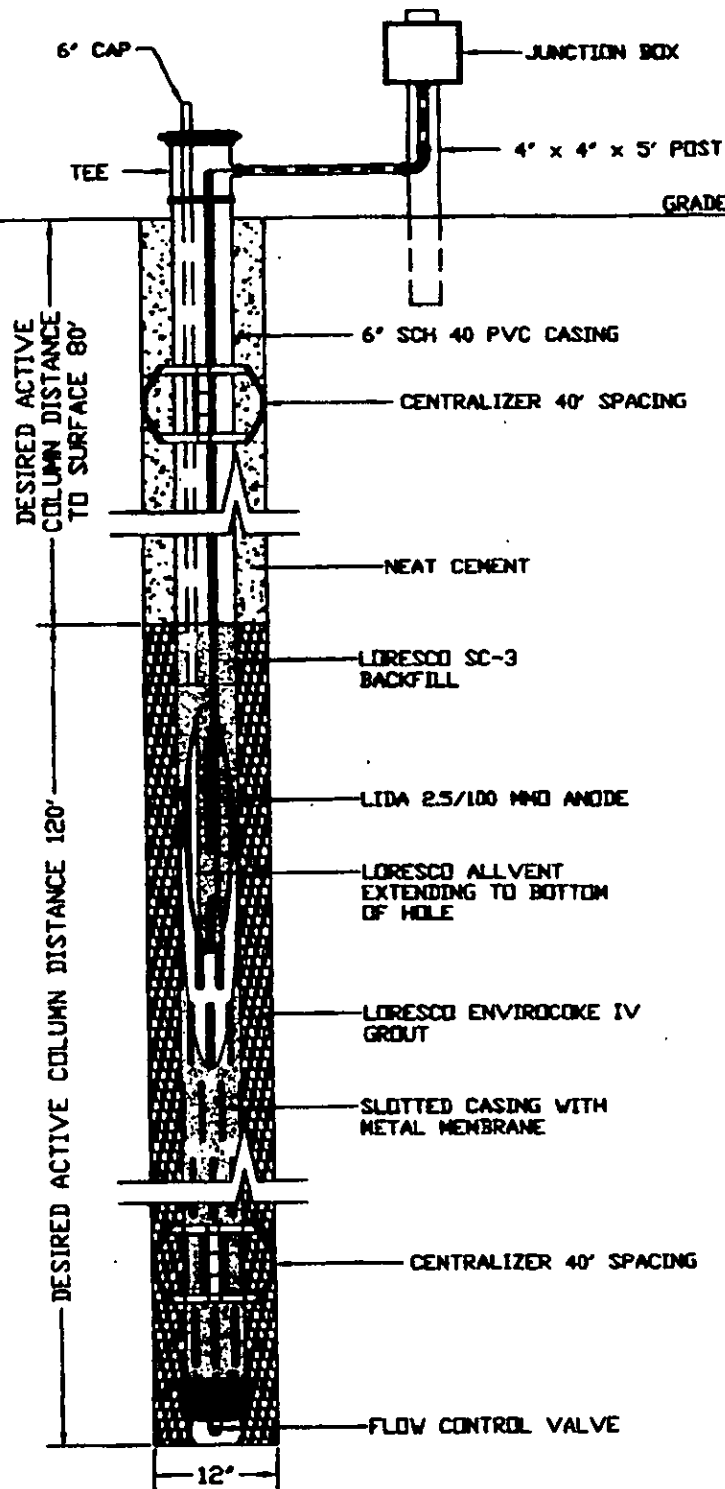
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/>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

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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15759-22674-0000

CP-7



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MESA		CORROSION CONTROL	
DEEP BED INSTALLATION REPLACEABLE DEEP ANODE SYSTEM			
MCPHERSON		KANSAS	
DRAWN BY	TS	SCALE	NONE
CHECKED BY		CLIENT	08-310
PROJECT NO.		WILLIAMS	
DATE	9/26/08	DRAWING NO.	WIL-01565-0
DATE			0

DEEP/SHALLOW CATHODIC PROTECTION GROUNDBEDS
DRILL FLUID DISPOSAL
LETTER OF AGREEMENT

This agreement is made and entered into this 1th Day of December,
2011 by and between Williams Midstream and

MESA
P.O. Box 52608
Tulsa, Oklahoma, 74152-0608

Hereinafter referred as the "Contractor", with

Ryan Barta
2805 Ave H
Little River, KS 67457

Hereinafter referred to as "Property Owner"

The Property Owner acknowledges that the signing of this Agreement is an
independent act of the Property Owner agrees to allow access to their property
at:

State: Kansas County: Rice

Section: 3 Township: 19 Range: 6

And at the request of the Property Owner, Fluids will be hauled to the above
location on private property disposed of by the Contractor, The Property Owner is
accepting any and all responsibility for this action.

IN WITNESS WHEREOF, the parties have executed this Agreement in several
counterparts original on the day and year first above written.

MESA
Contractor

Date 12-1-2011

Ryan Barta
Property Owner

Date 11-30-11

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