

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1098066

Form ACQ-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5003			API No. 15 - 15-191-22661-00-00
Name: McCoy Petroleum	Corporation		Spot Description: C NE NE
Address 1: 8080 E CENTRAL	CTE 200		- NE NE Sec. 32 Twp. 31 S. R. 3 East West
Address 2:			660 Feet from ✓ North / South Line of Section
City: WICHITA			660 Feet from ✓ East / West Line of Section
Contact Person: Scott Hampe	· I		Footages Calculated from Nearest Outside Section Corner:
Phone: (316) 636-2737			V NE □NW □SE □SW
CONTRACTOR: License # 514	•		County: Sumner
Name: Sterling Drilling Comp	าวกบ		Lease Name: ERSKINE 'B' Well #: 1-32
Wellsite Geologist: Jerry Smith			Field Name: Erskine North
Purchaser: MVPurchasing			Producing Formation: Mississippian
Designate Type of Completion:			Elevation: Ground: 1278 Kelly Bushing: 1287
✓ New Well R	e-Entry [Workover	Total Depth: 4390 Plug Back Total Depth: 4346
Oil wsw	SWD	SIOW	Amount of Surface Pipe Set and Cemented at: 267
Gas D&A	ENHR	SIGW	Multiple Stage Cementing Collar Used? ☐ Yes ✓ No
✓ og	Gsw	Temp. Abd.	If yes, show depth set: Feel
CM (Coal Bed Methane)			If Alternate II completion, cement circulated from:
Cathodic Other (Co	re. Expl., etc.):		feet depth to: sx cml
if Workover/Re-entry: Old Well In	nfo as follows:		37.011
Operator;			
Well Name:			Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date:	Original To	tal Depth:	Chloride content: 31000 ppm Fluid volume: 1800 bbls
Deepening Re-per	f. Conv. to I	ENHR Conv. to SWD	Parate de la Evaporated
	Conv. to	GSW	Dewatering method used:
Plug Back:	Plug	Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled	Permit #:		Operator Name:
Dual Completion	Permit #:		Lease Name: License #:
SWD	Permit #:		
ENHR			QuarterSec. TwpS. REast Wes
GSW	Permit #:		County: Permit #:
7/30/2012 8/9/20		9/5/2012	
Spud Date or Date Re Recompletion Date	eached TD	Completion Date or Recompletion Date	

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
∏ Le	etter of Confidentiality Received ate: 10/19/2012
C	onfidential Release Date:
√ w	ireline Log Received
G	eologist Report Received
	IC Distribution ✓ I □ III □ III Approved by: NAOMI JAMES Date: 10/24/2012