



CONFIDENTIAL OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 6044
 Name: Stelbar Oil Corporation, Inc.
 Address 1: 1625 N WATERFRONT PKWY
 Address 2: _____
 City: WICHITA State: KS Zip: 67206 + 6602
 Contact Person: William H. Blagrave
 Phone: (316) 264-8378
 CONTRACTOR: License # 5142
 Name: Sterling Drilling Company
 Wellsite Geologist: Larry Friend
 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 #: _____

<u>06/27/2012</u>	<u>07/03/2012</u>	<u>07/04/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-187-21206-00-00
 Spot Description:
NW NE SW NE Sec. 20 Twp. 29 S. R. 41 East West
1445 Feet from North / South Line of Section
1886 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Stanton
 Lease Name: Baughman Foundation Well #: 4-20
 Field Name: Arroyo
 Producing Formation: Keyes (Morrow)
 Elevation: Ground: 3436 Kelly Bushing: 3447
 Total Depth: 5540 Plug Back Total Depth: 5490
 Amount of Surface Pipe Set and Cemented at: 1630 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: 1630
 feet depth to: 0 w/ 600 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
 Chloride content: 300 ppm Fluid volume: 1500 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: 10/15/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NACMI JAMES Date: 10/23/2012