



**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 # 9855  
 Name: Grand Mesa Operating Company  
 Address 1: 1700 N WATERFRONT PKWY BLDG 600  
 Address 2:  
 City: WICHITA State: KS Zip: 67206 + 5514  
 Contact Person: Ronald N. Sinclair  
 Phone: ( 316 ) 265-3000  
 CONTRACTOR: License # 30606  
 Name: Murfin Drilling Co., Inc.  
 Wellsite Geologist: Kent Matson  
 Purchaser: N/A

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 #:

10/07/2012	10/17/2012	10/17/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-063-22046-00-00  
 Spot Description:  
 NW NE SE SE Sec. 33 Twp. 13 S. R. 31  East  West  
 1300 Feet from  North /  South Line of Section  
 558 Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
 County: Gove  
 Lease Name: Campbell Well #: 1-33  
 Field Name: Wildcat  
 Producing Formation: None  
 Elevation: Ground: 2919 Kelly Bushing: 2924  
 Total Depth: 4716 Plug Back Total Depth: 0  
 Amount of Surface Pipe Set and Cemented at: 222 Feet  
 Multiple 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: 13100 ppm Fluid volume: 840 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: 10/30/2012  
 Confidential Release Date:  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
 ALT  I  II  III Approved by: NAOMI JAMES Date: 10/31/2012