

CONFIDENTIAL OIL & GONDLETION FORM

1098848

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Form ACO-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 #_ Hertel Oil Company LLC 704 E 12TH ST Address 1: Address 2: Zip: 67601 State: KS City: HAYS 3440 **David Hertel** Contact Person: 628-2445 Phone: (CONTRACTOR: License # 31548 Discovery Drilling Name: Wellsite Geologist: Herb Deines Purchaser: NCRA Designate Type of Completion: Re-Entry ✓ New Well Workover **√** Oil WSW SIOW SWD ENHR SIGW Gas D&A GSW Temp. Abd. OG CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: Operator: Well Name: Original Total Depth: Original Comp. Date: Conv. to ENHR Conv. to SWD Re-perf. Deepening Conv. to GSW Plug Back Total Depth Plug Back: Commingled Permit #: Dual Completion Permit #: SWD Permit # Permit #: ENHR Permit #: GSW 08/21/2012 08/22/2012 08/15/2012 Completion Date or Spud Date or Date Reached TD

| Spot Description | 75' North & 90' We | est of | |
|--|---------------------------|---------------------|-----------------|
| NW_SE_NW | SW Sec. 33 Twp. | 14 S. R. 18 | East ☑ West |
| 1725 | Feet from | North / 🗹 South | Line of Section |
| 900 | Feet from | East / 🗸 West | Line of Section |
| ootages Calcu | lated from Nearest Out | side Section Corner | r: |
| 2 0001 | NE □NW □SE | | |
| County Ellis | | | |
| ease Name | Legleiter-Stecklein Ur | nit Well #: | 1 |
| Field Name: | | | |
| | nation: Lansing Kans | as City | |
| Floration: Cro | ound: 2039 | Kelly Bushing: 20 | 044 |
| | 750 Plug Back Tot | | |
| | ace Pipe Set and Cem | | |
| | | | |
| | Cementing Collar Used | | |
| If yes, show de | purson | 1188 | Feet |
| If Alternate II c | ompletion, cement circ | ulated from: 1100 | |
| feet depth to: |) | w/125 | |
| Drilling Fluid | Management Plan | | |
| | ollected from the Reserve | Pit) | |
| Chloride conte | ent:_19000ppr | n Fluid volume: 4 | 80 bbls |
| | ethod used: Evaporal | | |
| | | | |
| Location of flu | id disposal if hauled off | site: | |
| 100-1-10-0-10-10-10-10-10-10-10-10-10-10 | e: | | |
| Lease Name: | | License #: | |
| Quarter | Sec Twp | S. R | ☐ East ☐ Wes |
| County: | Pe | ermit #: | |

AFFIDAVIT

Recompletion Date

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

Recompletion Date

| ate: 10/26/20 | 12 | /ed | | |
|------------------|------------------------------------|---|--------------------------|---|
| onfidential Rele | ase Date: | | | |
| ireline Log Rec | eived | | | |
| eologist Report | Received | | | |
| IC Distribution | | | | |
| | ireline Log Rec eologist Report | ireline Log Received eologist Report Received IC Distribution | eologist Report Received | ireline Log Received eologist Report Received IC Distribution |