



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form Must Be Typed Form must be Signed All blanks must be Filled

OPERATOR: License # 3882 Name: Samuel Gary Jr. & Associates, Inc. Address 1: 1515 WYNKOOP, STE 700 Address 2: City: DENVER State: CO Zip: 80202 Contact Person: TOM FERTAL Phone: (303) 831-4673 CONTRACTOR: License # 31548 Name: Discovery Drilling Wellsite Geologist: TIM HEDRICK Purchaser: SAMUEL GARY JR. & ASSOCIATES, INC.

Designate Type of Completion: [X] New Well [] Re-Entry [] Workover [X] Oil [] WSW [] SWD [] SLOW [] 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 #:

7/6/2012 7/10/2012 7/11/2012 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-051-26340-00-00

Spot Description:

N2 SW NW SE Sec. 30 Twp. 14 S. R. 17 [] East [X] West

1890 Feet from [] North / [X] South Line of Section

2310 Feet from [X] East / [] West Line of Section

Footages Calculated from Nearest Outside Section Corner:

[] NE [] NW [X] SE [] SW

County: Ellis

Lease Name: COPPER Well #: 2-30

Field Name:

Producing Formation: LANSING

Elevation: Ground: 1934 Kelly Bushing: 1942

Total Depth: 3632 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 989 Feet

Multiple Stage Cementing Collar Used? [] Yes [X] 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: 87000 ppm Fluid volume: 240 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: KARLIN, GENE DBA GENE KARLIN COMPANY

Lease Name: NUSS License #: 3444

Quarter SW Sec. 5 Twp. 13 S. R. 17 [] East [X] West

County: ELLIS Permit #: D25588

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

[X] Letter of Confidentiality Received Date: 10/26/2012 [] Confidential Release Date: [X] Wireline Log Received [] Geologist Report Received [] UIC Distribution ALT [X] I [] II [] III Approved by: NAOMI JAMES Date: 10/30/2012