



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 # 5003 Name: McCoy Petroleum Corporation Address 1: 8080 E CENTRAL STE 300 Address 2: City: WICHITA State: KS Zip: 67206 + 2366 Contact Person: Scott Hampel Phone: (316) 636-2737 CONTRACTOR: License # 5142 Name: Sterling Drilling Company Wellsite Geologist: Robert Hendrix Purchaser: MVPurchasing

Designate Type of Completion: [X] New Well [] Re-Entry [] Workover [] Oil [] WSW [] SWD [] SIOW [] Gas [] D&A [] ENHR [] SIGW [X] 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 #:

8/22/2012 9/2/2012 10/9/2012 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-097-21735-00-00 Spot Description: W2 NW SE W2 NW SE Sec. 23 Twp. 30 S. R. 19 [] East [X] West 1980 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: Kiowa Lease Name: McKinney Trust 'A' Well #: #1-23 Field Name: Alford Producing Formation: Mississippian Elevation: Ground: 2232 Kelly Bushing: 2241 Total Depth: 5225 Plug Back Total Depth: 5178 Amount of Surface Pipe Set and Cemented at: 640 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: 37000 ppm Fluid volume: 1800 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

[X] Letter of Confidentiality Received Date: 11/09/2012 [] Confidential Release Date: [X] Wireline Log Received [X] Geologist Report Received [] UIC Distribution ALT [X] I [] II [] III Approved by: NAOMI JAMES Date: 11/14/2012