



**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 # 30606  
 Name: Murfin Drilling Co., Inc.  
 Address 1: 250 N WATER STE 300  
 Address 2: \_\_\_\_\_  
 City: WICHITA State: KS Zip: 67202 + 1216  
 Contact Person: Leon Rodak  
 Phone: ( 316 ) 267-3241  
 CONTRACTOR: License # 30606  
 Name: Murfin Drilling Co., Inc.  
 Wellsite Geologist: Jeff Christian  
 Purchaser: MV Purchasing

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>08/10/2012</u>	<u>08/16/2012</u>	<u>09/14/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-039-21156-00-00  
 Spot Description: \_\_\_\_\_  
NW SE SE NW Sec. 18 Twp. 2 S. R. 29  East  West  
2300 Feet from  North /  South Line of Section  
2100 Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
 County: Decatur  
 Lease Name: Brewer Well #: 1-18  
 Field Name: May  
 Producing Formation: LKC  
 Elevation: Ground: 2790 Kelly Bushing: 2795  
 Total Depth: 4080 Plug Back Total Depth: 4039  
 Amount of Surface Pipe Set and Cemented at: 273 Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set: 2564 Feet  
 If Alternate II completion, cement circulated from: 2564  
 feet depth to: 0 w/ 325 sx cmt.

**Drilling Fluid Management Plan**  
 (Data must be collected from the Reserve Pit)  
 Chloride content: 1800 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	
<input checked="" type="checkbox"/> Letter of Confidentiality Received	Date: <u>12/04/2012</u>
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input checked="" type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>NAOMI JAMES</u> Date: <u>12/04/2012</u>