



KANSAS CORPORATION COMMISSION 1102412
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

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

CONFIDENTIAL WELL COMPLETION FORM

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, LLC

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 #: _____

07/31/2012 08/09/2012 09/13/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-039-21153-00-00
Spot Description:
SW NW NE NW Sec. 34 Twp. 4 S. R. 30 East West
400 Feet from North / South Line of Section
1440 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Decatur
Lease Name: Sauvage Well #: 1-34
Field Name: WC
Producing Formation: LKC
Elevation: Ground: 2885 Kelly Bushing: 2890
Total Depth: 4580 Plug Back Total Depth: 4550
Amount of Surface Pipe Set and Cemented at: 262 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2652 Feet
If Alternate II completion, cement circulated from: 2652
feet depth to: 0 w/ 175 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 7300 ppm Fluid volume: 1200 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: 11/26/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 11/26/2012