



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

Form Must Be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5056
Name: F. G. Holl Company L.L.C.
Address 1: 9431 E CENTRAL STE 100
Address 2:
City: WICHITA State: KS Zip: 67206 + 2563
Contact Person: Franklin R. Greenbaum
Phone: ( 316 ) 684-8481
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: Ryan Greenbaum
Purchaser:

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

09/28/2012 10/08/2012 10/08/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-009-25756-00-00
Spot Description: 10' N. & 150' W. OF
W2 NE NW Sec. 28 Twp. 20 S. R. 15 [ ] East [checked] West
650 Feet from [checked] North / [ ] South Line of Section
1500 Feet from [ ] East / [checked] West Line of Section
Footages Calculated from Nearest Outside Section Corner:
[ ] NE [checked] NW [ ] SE [ ] SW
County: Barton
Lease Name: NICHOLSON UNIT Well #: 1-28
Field Name: Wildcat
Producing Formation: Not completed
Elevation: Ground: 2024 Kelly Bushing: 2032
Total Depth: 4050 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 992 Feet
Multiple Stage Cementing Collar Used? [ ] Yes [checked] 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: 21000 ppm Fluid volume: 850 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
[checked] Letter of Confidentiality Received Date: 12/10/2012
[ ] Confidential Release Date:
[checked] Wireline Log Received
[ ] Geologist Report Received
[ ] UIC Distribution
ALT [checked] I [ ] II [ ] III Approved by: NACMI JAMES Date: 12/13/2012