



**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, 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.): \_\_\_\_\_

API No. 15 - 15-039-21157-00-00  
Spot Description: \_\_\_\_\_  
N2 SE SE SW Sec. 5 Twp. 2 S. R. 26 East  West  
550 Feet from  North /  South Line of Section  
2310 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Decatur  
Lease Name: Schwab 'A' Well #: 2-5  
Field Name: Lester South  
Producing Formation: LKC  
Elevation: Ground: 2589 Kelly Bushing: 2594  
Total Depth: 3690 Plug Back Total Depth: 3651  
Amount of Surface Pipe Set and Cemented at: 262 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: 2063 Feet  
If Alternate II completion, cement circulated from: 2063  
feet depth to: 0 w/ 190 sx cmt.

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>08/17/2012</u>	<u>08/23/2012</u>	<u>09/18/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)  
Chloride content: 1600 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: 12/05/2012  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NAOMI JAMES Date: 12/07/2012