



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 # 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 #:

09/15/2012 09/26/2012 10/10/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-055-22179-00-00
Spot Description:
NW NW SE SE Sec. 4 Twp. 21 S. R. 34 [ ] East [ ] West
1100 Feet from [ ] North [ ] South Line of Section
1000 Feet from [ ] East [ ] West Line of Section

Footages Calculated from Nearest Outside Section Corner:
[ ] NE [ ] NW [ ] SE [ ] SW
County: Finney
Lease Name: Marabelle Well #: 1-4
Field Name: NA

Producing Formation: Marmation
Elevation: Ground: 2983 Kelly Bushing: 2994
Total Depth: 4900 Plug Back Total Depth: 4853
Amount of Surface Pipe Set and Cemented at: 230 Feet
Multiple Stage Cementing Collar Used? [ ] Yes [ ] No
If yes, show depth set: 2186 Feet
If Alternate II completion, cement circulated from: 2186
feet depth to: 0 w/ 240 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 8000 ppm Fluid volume: 1000 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: 01/08/2013
[ ] Confidential Release Date:
[ ] Wireline Log Received
[ ] Geologist Report Received
[ ] UIC Distribution
ALT [ ] I [ ] II [ ] III Approved by: NAOMI JAMES Date: 01/08/2013