



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 # 4699
Name: Phillips Oil Properties Inc.
Address 1: 1822 S MEAD
Address 2: _____
City: WICHITA State: KS Zip: 67211 + 4314
Contact Person: Troy Phillips
Phone: (316) 265-4186
CONTRACTOR: License # 5495
Name: McPherson, Bill and/or Penny M. dba McPherson Drilling Co.
Wellsite Geologist: Troy Phillips

API No. 15 - 15-035-00225-00-01
Spot Description: NE/4 and N/2 SE/4 10-30S-3E
NE SE NE Sec. 10 Twp. 30 S. R. 3 East West
1650 Feet from North / South Line of Section
330 Feet from East / West Line of Section

Purchaser: _____
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.): _____

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Cowley
Lease Name: Pauly Well #: 2
Field Name: Polecat Creek

If Workover/Re-entry: Old Well Info as follows:
Operator: Shawver-Armor, Inc.
Well Name: Joy 1
Original Comp. Date: 06/20/1958 Original Total Depth: 3130
 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 #: _____

Producing Formation: Arbuckle
Elevation: Ground: 1200 Kelly Bushing: 1188
Total Depth: 2350 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 177 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 815 Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx cmt.

12/27/2012 01/07/2013 01/17/2013
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ 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: 01/25/2013
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 01/29/2013