KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

API No. 15 - 055-21849 *CN-47

Operator: License # 30606
Name: Murfin Drilling Company, Inc.
Address: 210 N. Water, Suite 300
City/State/Zip: Wichita, Kansas 67202
Operator Contact Person: Tom W. Nichols
Phone: (316) 267-3241
Contractor: Name: Murfin Drilling Company, Inc.
License: 30606
Wellsite Geologist: Gary Gensch
Designate Type of Completion:
✓ New Well ___ Re-Entry ____ Workover
___ Oil ____ SWD ____ SIOW Temp. Abd.
___ Gas ____ ENHR ____ SIGW
If Workover/Re-entry: Old Well Info as follows:
 Operator: 
Well Name: 
Original Comp. Date: ________________ Original Total Depth: ________________
___ Deepening ___ Re-perf. ___ Conv. to Enhr./SWD
___ Plug Back ____ Plug Back Total Depth ________________
___ Commingled ___ Docket No. ________________
___ Dual Completion ___ Docket No. ________________
___ Other (SWD or Enhr.?) ___ Docket No. ________________
12/11/04 12/21/04 See Plugging Record
Spud Date or Recompletion Date Date Reached TD
Completion Date or Recompletion Date 12-21-04

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: ___________________________
Date: 2005
Title: Tom Nichols, Production Manager

KCC Office Use ONLY

☐ Letter of Confidentiality Received
If Denied, Yes __ Date: ___________
☐ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution

Kristin Grady
NOTARY PUBLIC
STATE OF KANSAS
My Appl. Exp. 1/10/08

Date Commission Expires: 2/10/08

13th day of January, 2005

Name: Kristin Grady