WELL COMPLETION/RE-COMPLETION REPORT
Form No. R3 (Formerly Form No. R4-8-1991)
Revised on 8/16/1999

INDIANA DEPARTMENT OF NATURAL RESOURCES
Division of Oil and Gas
402 W. Washington St., Rm. 293
Indianapolis, IN 46204
Phone (317) 232-4055
FAX (317) 232-1550
Internet: http://www.state.in.us/dnroi

PART I
GENERAL INFORMATION

Name of operator
Jack W. Racer
Address of operator (☐ Check here if this is a new address)
5900 S. C.R. 575 E.
City
Selma
State
IN
Zip code
47383

PART II
LOCATION INFORMATION

Name of lease
Losh
Well number
#1
Footage's: 63 ft. from N, SE, NW, SE line
99 ft. from E, NW, NE, SW line
Section
1007
Township
4
Range
19N
¾
¾
¾
County
Delaware
Town
Distance to the nearest well capable of producing from the same formation
1700 ft.
Note: This information is only required for Oil, Gas and Dual completion wells.

PART III
WELL CONSTRUCTION

NOTE: This information is not required for Geologic/structure test wells or Individual/county test holes

<table>
<thead>
<tr>
<th>Casing Specifications</th>
<th>Cement (In Sacks or Cubic Feet)</th>
<th>Hole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casing size O.D. ( inches)</td>
<td>Wt. / ft. ( lbs. ) - Grade</td>
<td>Setting depth</td>
</tr>
<tr>
<td>Surface 8.625</td>
<td>24 lbs. -N/A</td>
<td>160 ft.</td>
</tr>
</tbody>
</table>

Termed...
Long str. 6.625 |
19 lbs. -N/A |
360 ft. | 35SAC | Class A - 1.43 | - | 360 ft. | 7.875 |

Tubing

Packer setting depth ___ ft.
Packer setting depth ___ ft.
Packer setting depth ___ ft.
Centralizers at ___ ft. ___ ft. ___ ft. ___ ft.
Casing perforated
From ___ ft. to ___ ft.
From ___ ft. to ___ ft.
From ___ ft. to ___ ft.
NOTE: For Class II Enhanced recovery and Saltwater disposal wells the well construction information must match the specifications of the written permit. If the information is different you must submit form no. A7 to request a modification of the existing permit conditions.

PART IV
COMPLETION INFORMATION

Completion type (Check one only)
☐ Dry hole
☐ Oil well
☐ Gas well
☐ Non commercial gas well
☐ Gas storage/observation well
☐ Geologic/structure test well
☐ Non potable water supply well
☐ Saltwater disposal Class II well
☐ Enhanced recovery Class II well
☐ Dual completion Oil/Class II well
☐ Dual completion Gas/Class II well

Date (Enter one only)
Completed
Re-completed 3/30/08
Converted
Tools
Rotary from 990 ft. to 1255 ft
Cable from ___ ft. to ___ ft.
Total Depths
Drillers 1255 ft
Loggers ___ ft.

IMPORTANT: THIS FORM MUST BE SUBMITTED WITHIN 30 DAYS AFTER THE WELL COMPLETION OR RE-COMPLETION

Continued on next page
<table>
<thead>
<tr>
<th>Geophysical Logs</th>
<th>Completion Intervals</th>
<th>Well Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Submit 3 copies of each)</td>
<td>From ft. to ft</td>
<td>Frac. with gallons</td>
</tr>
<tr>
<td>From ft. to ft</td>
<td>Frac. with gallons</td>
<td>Frac. with lbs. sand</td>
</tr>
<tr>
<td>From ft. to ft</td>
<td>Acidized with gallons</td>
<td></td>
</tr>
<tr>
<td>From ft. to ft</td>
<td>Acidized with gallons</td>
<td></td>
</tr>
<tr>
<td>From ft. to ft</td>
<td>Shot with quarts</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Producing formation</th>
<th>Initial production (First 24 hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name Other Blackriver</td>
<td>Oil 1.25 barrels Gas 100 MCF</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervals</th>
<th>Formation Names/Types</th>
<th>Special Test Descriptions (DST’s, Pump tests, Fill ups, etc…)</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 984 ft. to 1000 ft</td>
<td>Other trenton</td>
<td>gas show</td>
</tr>
<tr>
<td>From 1243 ft. to 1245 ft</td>
<td>Other Blackriver</td>
<td>oil show</td>
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<tr>
<td>From ft. to ft</td>
<td>Other</td>
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<tr>
<th>Intervals</th>
<th>Rock Description</th>
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<tbody>
<tr>
<td>From 0 ft. to 155 ft</td>
<td>drift</td>
<td>From ft. to ft</td>
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<tr>
<td>From 155 ft. to 290 ft</td>
<td>limestone</td>
<td>From ft. to ft</td>
<td></td>
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<tr>
<td>From 290 ft. to 947 ft</td>
<td>grey &amp; brown shale</td>
<td>From ft. to ft</td>
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<tr>
<td>From 947 ft. to 1255 ft</td>
<td>limestone</td>
<td>From ft. to ft</td>
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**PART VII - AFFIRMATION**

I affirm under penalty of perjury that the information provided in this report is true to the best of my knowledge and belief.

Signature of operator or authorized agent: ____________________________
Date signed: 9/22/08

**Special Requirements**

1. Only those persons whose names appear in PARTS V or VI of the Organizational Report are authorized to sign this report.
2. If this is a directional or horizontal well you must submit a copy of the directional survey with this report.
3. You must submit 3 copies of ALL geophysical logs run on this well.