FORM 6A-sm

North Dakota State Industrial Commission

SUBSURFACE MINERALS

WELL COMPLETION REPORT

Permit No. __________________________________
Date ____________________________

Operator: _________________________________________

Address: __________________________________________

________________________________________________________________________________________

Well Designation ________________________________ Well No. ________________________________

Location ___________________________ section _______ Twp _______ N. Rge _________ W. Elevation _________

Date Well Spudded _____________________________ Date Well Completed ___________________________

List Electric or other logs run

Total Depth _______________ Producing Formation ________________________________________________

Intervals Cored

Disposition of Cores

________________________________________________________________________________________

CASING RECORD

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<th>No. Sacks</th>
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EXECUTED THIS _______ DAY OF ________, 20_______. __________________________________________

(Company or Operator)

STATE OF ___________________________ ) ss

COUNTY OF __________________________

______________________________ (Signature) (Title)

Before me the undersigned authority, on this day personally ____________________ appeared known to me
to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/
she is authorized to make this report and has knowledge of the facts stated herein and that said report is true and correct.

Subscribed and sworn to before me this the _______ day of _________________, 20_______.

________________________________________________________________________________________

My Commission expires ____________________ Notary Public in and for __________________________