

CONFIDENTIAL

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

5/02/09

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32384
Name: COMANCHE RESOURCES COMPANY
Address: 6520 N WESTERN AVE., SUITE 300
City/State/Zip: OKLAHOMA CITY, OK 73116
Purchaser: _____
Operator Contact Person: LAURA CLAYTON
Phone: (405) 755-5900 EXT. *822
Contractor: Name: FOSSIL DRILLING INC.
License: 33610
Wellsite Geologist: SCOTT ALBERG

API No. 15 - 033-21511-0050
County: COMANCHE
S2 N2 NE SW Sec. 5 Twp. 31S S. R. 19 East West
2230 feet from (S) / N (circle one) Line of Section
1980 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: MCKINNEY Well #: 5-1A
Field Name: ARLIE NE
Producing Formation: MISSISSIPPI
Elevation: Ground: 2125' Kelly Bushing: 2134'
Total Depth: 5250' Plug Back Total Depth: N/A
Amount of Surface Pipe Set and Cemented at 16 JTS @ 722' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

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If Workover/Re-entry: Old Well Info as follows: _____
Operator: N/A

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. _____

02/01/08	02/14/08	03/31/08
Spud Date or Recompletion Date	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 _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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: Laura Clayton
Title: GEOLOGY ASSIST Date: 5/01/08
Subscribed and sworn to before me this 1st day of May
20 08
Notary Public: Heidi J. Boggs
Date Commission Expires: _____
Heidi J. Boggs
Exp. Date 4/18/09
Comm. #01006563

KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION
MAY 15 2008