

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

5/02/11

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
REGULATION DIVISION

WELL COMPLETION FORM
WELL HISTORY DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34225
Name: Buffalo Resources, LLC
Address 1: 301 Commerce Street Suite 301
Address 2: _____
City: Fort Worth State: TX Zip: 76102 + 4140

Contact Person: Matthew Flannery
Phone: (817) 870-2707

CONTRACTOR: License # 5929 MAY 02 2009
Name: Duke Drilling Company, Inc
Wellsite Geologist: Curtis Covey **KCC**

Purchaser: NCRA

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

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

_____ Deepening _____ Re-perf. _____ Conv. to Enhr. _____ Conv. to SWD _____

_____ Plug Back: _____ Plug Back Total Depth _____

_____ Commingled _____ Docket No.: _____

_____ Dual Completion _____ Docket No.: _____

_____ Other (SWD or Enhr.?) _____ Docket No.: _____

<u>4/10/09</u>	<u>4/15/09</u>	<u>4/23/09</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 167-23568-00-00

Spot Description: _____

NW SE SW Sec. 27 Twp. 15 S. R. 11 East West

340 Feet from North / South Line of Section

830 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Russell

Lease Name: Mog Well #: 1-27

Field Name: Davidson

Producing Formation: Conglomerate

Elevation: Ground: 1975 Kelly Bushing: 1983

Total Depth: 3321 Plug Back Total Depth: 3301

Amount of Surface Pipe Set and Cemented at: 421 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.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 25,000 ppm Fluid volume: 800 bbls

Dewatering method used: Evaporation

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: Daron Patterson

Title: Foreman Date: _____

Subscribed and sworn to before me this 4th day of May

20 09

Notary Public: [Signature]

Date Commission Expires: 11-1-09

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

KANSAS CORPORATION COMMISSION

MAY 06 2009

RECEIVED