

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008

Form Must Be Typed

7/05/11

WELL COMPLETION FORM
HISTORY DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33530 AUG 05 2009
Name: Reif Oil & Gas Company, LLC
Address 1: P.O. Box 298 **KCC**
Address 2: _____
City: Hoisington State: KS Zip: 67544 + 0 2 9 8
Contact Person: Don Reif
Phone: (620) 786-5698
CONTRACTOR: License # 33905

Name: Royal Drilling, Inc.
Wellsite Geologist: Joshua Austin
Purchaser: _____

Designate Type of Completion:
 New Well _____ Re-Entry _____
 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.: _____
5/31/2009 6/11/2009 7-22-09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

KANSAS CORPORATION COMMISSION
AUG 11 2009
RECEIVED

API No. 15 - 185-23575-00-00
Spot Description: _____
NE_NW_SW_NW Sec. 29 Twp. 25 S. R. 11 East West
1600 Feet from North / South Line of Section
550 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Stafford
Lease Name: Hoskinson Well #: 1
Field Name: N/A
Producing Formation: _____
Elevation: Ground: 1846' Kelly Bushing: 1851'
Total Depth: 4200' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 606 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: 42000 ppm Fluid volume: 1000 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: Don Reif
Title: Pres Date: 7-20-09
Subscribed and sworn to before me this 20th day of July
09
Notary Public: Eudora Reif
Date Commission Expires: _____

EUDORA REIF
MY COMMISSION EXPIRES
December 23, 2012

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
_____ UIC Distribution
KANSAS CORPORATION COMMISSION
JUL 27 2009
RECEIVED