

ORIGINAL NEW ACOI IN LIEU OF CORRECTING ORAL REC
 Form ACO-1 REC
 October 2008 10/26
 Form Must Be Typed
 10/23/10
 [Handwritten initials]

CONFIDENTIAL

**KANSAS CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION**

**WELL COMPLETION FORM
 WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 8628
 Name: Credo Petroleum Corporation
 Address 1: 1801 Broadway, Suite 900
 Address 2: _____
 City: DENVER State: CO Zip: 80202 + _____
 Contact Person: Jack Renfro
 Phone: (303) 297-2200
 CONTRACTOR: License # 33905
 Name: Royal Drilling

Wellsite Geologist: Jim Musgrove **CONFIDENTIAL**
 Purchaser: _____ **OCT 23 2009**
 Designate Type of Completion:
 New Well _____ Re-Entry _____ **KCC 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.: _____
9/19/2009 9/24/2009 9/24/2009
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

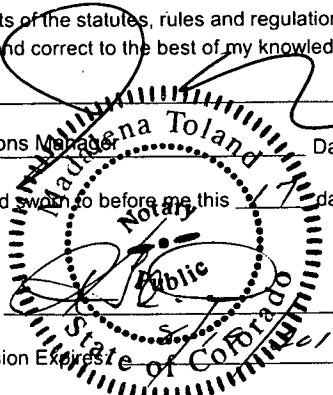
API No. 15 - 009-25342-00-00
 Spot Description: _____
 SE NW - SE - NE Sec. 9 Twp. 19 S. R. 11 East West
1800 Feet from North / South Line of Section
850 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Barton
 Lease Name: Klepper CPC Well #: 2-9
 Field Name: AHRENS NORTH
 Producing Formation: _____
 Elevation: Ground: 1764 Kelly Bushing: 1771
 Total Depth: 3400 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 262 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: 37000 ppm Fluid volume: 1000 bbls
 Dewatering method used: Evaporation/backfill
 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: _____
 Title: Operations Manager Date: 11/17/2009
 Subscribed and sworn to before me this 17 day of November
2009
 Notary Public: _____
 Date Commission Expires: _____



KCC Office Use ONLY

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

RECEIVED
 NOV 20 2009

KCC WICHITA