

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

8/5/11

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32384

Name: Comanche Resources Company

Address 1: 6520 N Western Avenue - Suite 300

Address 2: _____

City: Oklahoma City State: OK Zip: 73116 + _____

Contact Person: Laura Lea-Clayton

Phone: (405) 755-5900 ext.822

CONTRACTOR: License # 5929

Name: Duke Drilling Co., Inc.

Wellsite Geologist: Jim Spellman

Purchaser: _____

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>05-03-10</u>	<u>05-13-10</u>	<u>7-9-10</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 033-21570-00-00

Spot Description: S0/4 Sec 7. 31S. 19W

SE SE NW SW Sec. 7 Twp. 31 S. R. 19 East West

1582 Feet from North / South Line of Section

1075 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Comanche County, Kansas

Lease Name: PATRICIA Well #: 7-1

Field Name: Wildcat

Producing Formation: _____

Elevation: Ground: 2119' Kelly Bushing: 2132'

Total Depth: 5930' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 370 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: _____ 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

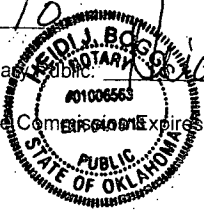
Title: Assistant Date: 8-5-10

Subscribed and sworn to before me this 6th day of August

20 10

Notary Public: [Signature]

Date Commission Expires: 4-18-13



KCC Office Use ONLY

Letter of Confidentiality Received 8/5/10 - 8/5/11

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

_____ UIC Distribution

RECEIVED

AUG 13 2010

KCC WICHITA