

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

9/9/12

OPERATOR: License # 32211

Name: O'BRIEN ENERGY RESOURCES CORP.

Address 1: 18 CONGRESS STREET, STE. 207

Address 2: _____

City: PORTSMOUTH State: NH Zip: 03801 + _____

Contact Person: JOSEPH FORMA

Phone: (603) 427-2099

CONTRACTOR: License # 5929

Name: DUKE DRILLING CO., INC.

Wellsite Geologist: PETER DEBENHAM

Purchaser: DCP MIDSTREAM, NCRA

Designate Type of Completion:

- New Well _____ Re-Entry _____ Workover
- Oil _____ SWD _____ SLOW
- 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.: _____

7/23/2010 7/29/2010 9/2/2010

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 119-21261-00-00

Spot Description: _____

_____ - NE - NW Sec. 29 Twp. 33 S. R. 29 East West

660' Feet from North / South Line of Section

1980' Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: MEADE

Lease Name: SINGLEY WEST Well #: 2-29

Field Name: SINGLEY

Producing Formation: Chester

Elevation: Ground: 2652' Kelly Bushing: 2664'

Total Depth: 6277' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 1530' 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: 2000 ppm Fluid volume: 4 bbls

Dewatering method used: HAUL FREE WATER, NATURAL EVAP. W/36 INCH MINIMUM

Location of fluid disposal if hauled offsite: _____

Operator Name: DILLCO FLUID SERVICE, INC.

Lease Name: I B REGIER License No.: 6652

Quarter SWNE Sec. 17 Twp. 33 S. R. 27 East West

County: MEADE Docket No.: D21232

KCC
SEP 09 2010
CONFIDENTIAL

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: VICE PRESIDENT Date: 9/9/2010

Subscribed and sworn to before me this 9th day of September

20 10

Notary Public: _____

Date Commission Expires: _____

MARK EDDINGER
Notary Public - New Hampshire
My Commission Expires June 17, 2014

KCC Office Use ONLY

- Letter of Confidentiality Received 9/9/10 - 9/9/12
- If Denied, Yes Date: _____
- _____ Wireline Log Received
- _____ Geologist Report Received
- _____ UIC Distribution

RECEIVED
SEP 14 2010
KCC WICHITA