

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

9/28/12

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC

OPERATOR: License # 3553

Name: Citation Oil & Gas Corp. **SEP 28 2010**

Address 1: P O Box 690688 **CONFIDENTIAL**

Address 2: _____

City: Houston State: TX Zip: 77269 + 0688

Contact Person: Michelle Wolz

Phone: (281) 891-1564 **RECEIVED**

CONTRACTOR: License # 5929

Name: Duke Drilling Co., Inc. **SEP 30 2010**

Wellsite Geologist: _____ **KCC WICHITA**

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., 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
- Conv. to GSW

Plug Back: _____ Plug Back Total Depth _____

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

ENHR Permit #: _____

GSW Permit #: _____

8/25/2010	8/29/2010	9/21/2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 051-26000-0000

Spot Description: _____

_____ SE Sec. 1 Twp. 13 S. R. 16 East West

1,320 Feet from North / South Line of Section

2,540 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Ellis

Lease Name: WIELAND Well #: 6-18

Field Name: Fairport

Producing Formation: LKC, Toronto & Topeka

Elevation: Ground: 1906 Kelly Bushing: 1914

Total Depth: 3420 Plug Back Total Depth: 3350 KB

Amount of Surface Pipe Set and Cemented at: 981 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: N/A

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 4000-5000 ppm Fluid volume: 720 bbls

Dewatering method used: trucked out

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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.

AFFIDAVIT

I am the affiant and I hereby certify that 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: Michelle Wolz

Title: Permitting Analyst Date: 9/27/2010

KCC Office Use ONLY

Letter of Confidentiality Received
Date: 9/28/10 - 9/28/12

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____