## **ORIGINAL**

## Kansas Corporation Commission ONFIDENTIA WELL COMPLETION FORM

Signature:

Title: OPERATIONS MANAGER

Date: 11/8/2010

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

11/8/10

Name   CREDO PETROLEUM CORPORATION		API No. 15 - 171-20776-00-00
Address 1: 1801BROADWAY Address 2: SUITE 900  City: DENVER	OPERATOR: License # 8628	
Address 2: SUITE 900  City: DENVER	Name.	1 .
City: DENVER State: CO zip: 80202 +		
Footages Calculated from Nearest Outside Section Corner:		1
Phone: (303	•	1,940 Feet from East / West Line of Section
CONTRACTOR: License # 33575  Name: WW DRILLING  Wellsite Geologist: JAMES MUSGROVE  Purchaser: NIA  Designate Type of Completion:  New Well Re-Entry Workover  Oil WSW SWD SIOW  Gas DBA ENHR SIGW  GG GSW Temp. Abd.  Cathodic Other (Core, Expl., etc.):  If Workover/Re-entry: Old Well Info as follows:  Original Comp. Date:  Original Comp. Date:  Original Total Depth:  Conv. to GSW  Plug Back:  Plug Back:  Despening Re-perf.  Conv. to GSW  Plug Back Total Depth:  Commingled Permit #:  SWD Permit #:  Commingled Permit #:  Commi		Footages Calculated from Nearest Outside Section Corner:
CONTRICTOR: License #	Phone: ( 303 ) 297-2200	l e e e e e e e e e e e e e e e e e e e
Wellsite Geologist: JAMES MUSGROVE Purchaser: N/A  Designate Type of Completion:    New Well	CONTRACTOR: License # 33575	County: SCOTT
Wellsite Geologist: JAMES MUSGROVE Purchaser: N/A  Designate Type of Completion:    New Well	Name: WW DRILLING NOW US 2010	Lease Name: GROTHUSEN Well #: 1-32
Perducing Formation: MPC Designate Type of Completion:    New Well	Wellsite Geologist: JAMES MUSGROVE	Field Name: MICHIGAN
Designate Type of Completion:    New Well	Purchaser: N/A	
New Well	Designate Type of Completion:	Elevation: Ground: 2938 Kelly Bushing: _2943
Oil		
Gas D&A ENHR SIGW OG GSW Temp. Abd. If yes, show depth set: If Alternate II completion, cement circulated from: feet depth to: w//  Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)  Chloride content: 3700 ppm Fluid volume: 750  Dewatering method used: EVAPORATION  Dewatering method used: EVAPORATION  Downlingled Permit #: Dual Completion Permit #: SWD Permit #: SW		Amount of Surface Pipe Set and Cemented at: 210 Feet
OG		
CM (Coal Bed Methane)		
Cathodic   Other (Core, Expl., etc.):   feet depth to:   wl     feet depth to:   wl   feet depth t		•
If Workover/Re-entry: Old Well Info as follows:  Operator:	Cathodic Other (Core, Expl., etc.):	
Well Name:	If Workover/Re-entry: Old Well Info as follows:	sx cm.
Well Name:	Operator:	
Original Comp. Date:Original Total Depth: Chloride content:	Well Name:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW  Plug Back: Plug Back Total Depth Commingled Permit #: Dual Completion Permit #: ENHR Permit #: GSW Permit #: GSW Permit #: GSW Permit #: County: Permit #:    Market - Room 2078, 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 for cot tiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS	Original Comp. Date: Original Total Depth:	
Plug Back: Plug Back Total Depth	☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	1
Commingled Permit #:	Conv. to GSW	Dewatering method used:
Dual Completion Permit #:	Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Dual Completion Permit #:	Commingled Permit #:	Operator Name:
SWD Permit #: Quarter Sec. Twp. S. R. Eas  GSW Permit #: County: Permit #:  8/26/10 9/3/10 9/5/10  Spud Date or Recompletion Date Reached TD Completion Date or Recompletion Date  INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, V. 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 containing the submitted with the form (see rule 82-3-107 fo	Dual Completion Permit #:	
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AFFIDAVIT	AFFINANT	V00 077 - 11 - 02112
AFFIDAVIT  Am the affiant and I hereby certify that all requirements of the statutes, rules and regu-		
		d with Date: 118/10 - 118/11 RECEIVED

Confidential Release Date:
Wireline Log Received

Geologist Report Received

ALT I I II Approved by:

UIC Distribution