



CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32211
Name: O'Brien Energy Resources Corp.
Address 1: 18 CONGRESS ST, STE 207
Address 2: _____
City: PORTSMOUTH State: NH Zip: 03801 + 4091
Contact Person: JOSEPH FORMA
Phone: (603) 427-2099
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: PETER DEBENHAM
Purchaser: NCRA REFINERY, DCP MIDSTREAM

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 #: _____

12/28/2010 1/7/2011 2/12/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-119-21276-00-00

Spot Description: _____

S2 SE SE Sec. 8 Twp. 33 S. R. 29 East West

330 Feet from North / South Line of Section

660 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Meade

Lease Name: CROOKED CREEK Well #: 2-8

Field Name: _____

Producing Formation: MORROW

Elevation: Ground: 2668 Kelly Bushing: 2680

Total Depth: 6290 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 1491 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: 4200 ppm Fluid volume: 250 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: DILLCO FLUID SERVICE, INC.

Lease Name: REGIER IE License #: 6652

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

County: MEADE Permit #: D21232

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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: 02/23/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 03/02/2011