

CONFIDENTIAL

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License	_# 33168	,	API No. 15 - 15-007-23627-00-00
	Operating Company, LL0		Spot Description:
Address 1: 125 N MA	RKET STE 1000		N2 SW SW NW Sec. 16 Twp. 34 S. R. 11 ☐ East West
Address 2:			
City: WICHITA	State: KS Z	67202 ₊ 1729	Feet from East / V West Line of Section
Contact Person: DEA			Footages Calculated from Nearest Outside Section Corner:
Phone: (316)			□NE ØNW □SE □SW
CONTRACTOR: Licens		•	County: Barber
Name: H2 Drilling LLC			Lease Name: LANDIS Well #: 3
Wellsite Geologist: SCOTT ALBERG			Field Name: SCHUPACH SW
Purchaser: Plains Marketing / Bluestem Gas Marketing			Producing Formation: MISSISSIPPIAN
Designate Type of Completion:			Elevation: Ground: 1369 Kelly Bushing: 1378
✓ New Well	Re-Entry	Workover	Total Depth: 5150 Plug Back Total Depth: 4980
 V oil □ !	wsw 🗆 swd	☐ SIOW	Amount of Surface Pipe Set and Cemented at: 235 Feet
	D&A	☐ sigw	Multiple Stage Cementing Collar Used? Yes V No
□ og	☐ ·GSW	Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed M	ethane)		If Alternate II completion, cement circulated from:
Cathodic .	Other (Core, Expl., etc.):		feet depth to:w/sx cmt.
If Workover/Re-entry: 0	Old Well Info as follows:		ieet deptil to.
Operator:		· ·	
Well Name:		,	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: _	Original 1	fotal Depth:	
		o ENHR Conv. to SWD	Chloride content: 29000 ppm Fluid volume: 1800 bbls
	Conv. t	o GSW	Dewatering method used: Evaporated
Plug Back:	Pli	ug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled	Permit #:		Operator Name:
Dual Completion	on Permit #:		Lease Name: License #:
SWD	Permit #:		
☐ ENHR	Permit #:		Quarter Sec TwpS. R East _ West
☐ GSW	Permit #:		County: Permit #:
11/22/2010	11/30/2010	01/25/2011	
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date	

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

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