



**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 # 3293  
Name: Russell Oil, Inc.  
Address 1: PO BOX 8050  
Address 2: \_\_\_\_\_  
City: EDMOND State: OK Zip: 73083 + \_\_\_\_\_  
Contact Person: LEROY HOLT II  
Phone: ( 405 ) 752-7600  
CONTRACTOR: License # 33793  
Name: H2 Drilling LLC  
Wellsite Geologist: STEVEN MURPHY  
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 #: \_\_\_\_\_

<u>12/09/2010</u>	<u>12/18/2010</u>	<u>01/07/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-193-20784-00-00  
Spot Description: \_\_\_\_\_  
S2 SE SW NW Sec. 36 Twp. 10 S. R. 34  East  West  
2,690 Feet from  North /  South Line of Section  
990 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Thomas  
Lease Name: Seele C Unit Well #: 1  
Field Name: SEELE (EXTENSION)  
Producing Formation: JOHNSON  
Elevation: Ground: 3202 Kelly Bushing: 3211  
Total Depth: 4810 Plug Back Total Depth: 4762  
Amount of Surface Pipe Set and Cemented at: 270 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: 2696 Feet  
If Alternate II completion, cement circulated from: 2696  
feet depth to: 0 w/ 400 sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 19000 ppm Fluid volume: 1100 bbls  
Dewatering method used: Evaporated  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**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: 03/30/2011
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received  
 Geologist Report Received  
 UIC Distribution
- ALT  I  II  III Approved by: NAOMI JAMES Date: 03/30/2011