



KANSAS CORPORATION COMMISSION 1053474
 OIL & GAS CONSERVATION DIVISION

Form ACO-1
 June 2009

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

CONFIDENTIAL WELL COMPLETION FORM
 WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34117
 Name: Eternity Exploration, LLC
 Address 1: 338 Spyglass Dr
 Address 2: _____
 City: Coppell State: TX Zip: 75019 + 5430
 Contact Person: Carlo A. Ugolini
 Phone: (469) 464-3849
 CONTRACTOR: License # 33575
 Name: WW Drilling, LLC
 Wellsite Geologist: Scott Alberg
 Purchaser: MV Purchasing

API No. 15 - 15-065-23715-00-00
 Spot Description: _____
 NW SW NE Sec. 7 Twp. 10 S. R. 25 East West
1,650 Feet from North / South Line of Section
2,310 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Graham
 Lease Name: Betty Werth Well #: 1
 Field Name: _____
 Producing Formation: Lansing C zone
 Elevation: Ground: 2543 Kelly Bushing: 2549
 Total Depth: 4073 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 234 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.

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>02/15/2011</u>	<u>02/23/2011</u>	<u>03/25/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 6200 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: 04/06/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 04/07/2011