



KANSAS CORPORATION COMMISSION 1054243
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 # 34269
Name: Apache Corporation
Address 1: 6120 S. Yale Avenue, Suite 1500
Address 2: _____
City: TULSA State: TX Zip: 74136 + _____
Contact Person: MARCIA HENDERSON
Phone: (918) 4914984
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: KARL GRAHAM
Purchaser: NA

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>03/15/2011</u>	<u>03/22/2011</u>	<u>03/24/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-119-21285-00-00
Spot Description: _____
S2 N2 SW NE Sec. 20 Twp. 34 S. R. 27 East West
1,930 Feet from North / South Line of Section
1,980 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Meade
Lease Name: OBRIEN Well #: 2-20

Field Name: Johan

Producing Formation: NA

Elevation: Ground: 2230 Kelly Bushing: 2242

Total Depth: 6130 Plug Back Total Depth: 0

Amount of Surface Pipe Set and Cemented at: 1610 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: 6000 ppm Fluid volume: 100 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: 04/21/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 04/21/2011