

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 #_ 33365 Lavne Energy Operating, LLC Address 1: 1900 SHAWNEE MISSION PKWY Address 2: City: MISSION WOODS State: KS Zip: 66205 Contact Person: Victor H. Dyal 748-3955 Phone: (913 CONTRACTOR: License # 33606

Wellsite Geologist: N/A Purchaser:

Thornton Air Rotary, LLC

Designate Type of Completion:

✓ New Well

Gas

□ og

wsw Oil

✓ D&A

☐ ENHR

☐ SWD

Re-Entry

Workover

☐ SIOW

SIGW

Temp. Abd.

☐ GSW 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: ___

Re-perf. Conv. to ENHR Conv. to SWD Deepening Conv. to GSW

Plug Back Total Depth Plug Back: _ Commingled Permit #: Dual Completion Permit #: _____

Permit #: ____ ☐ SWD Permit #: ___ ☐ ENHR Permit #: _ GSW

12/28/2010 1/27/2011 12/21/2010 Completion Date or Spud Date or Date Reached TD Recompletion Date Recompletion Date

API No. 15 - 15-125-32018-00-00 Spot Description: __ NE_SE_SE_NE Sec. 3 Two. 31 S. R. 14 ▼ East West _____Feet from V North / South Line of Section ___ Feet from ✓ East / West Line of Section

Footages Calculated from Nearest Outside Section Corner: V NE □NW □SE □SW

County: Montgomery Lease Name: __ZOOK _____ Well #: ____ Field Name: ____

Producing Formation: N/A Elevation: Ground: 909 Kelly Bushing: 0

Total Depth: 1263 Plug Back Total Depth: Amount of Surface Pipe Set and Cemented at: 22

Multiple Stage Cementing Collar Used? Yes V No If yes, show depth set: ___

If Alternate II completion, cement circulated from: _____

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 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 ONL	٧

Z	Letter of Confidentiality Received
	n4/19/2011

Confidential Release Date:

✓ Wireline Log Received **Geologist Report Received**

UIC Distribution

ALT I I II Approved by: NAOMI JAMES Date: 04/21/2011