



KANSAS CORPORATION COMMISSION 1055363
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

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 # 31783
Name: Mid-Continent Energy Operating Co.
Address 1: 100 W 5TH ST STE 450
Address 2: _____
City: TULSA State: OK Zip: 74103 + 4254
Contact Person: G. M. Canaday
Phone: (918) 587-6363
CONTRACTOR: License # 33575
Name: WW Drilling, LLC
Wellsite Geologist: Larry Nicholson
Purchaser: None

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- 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>01/26/2011</u>	<u>02/08/2011</u>	<u>02/10/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-023-21299-00-00

Spot Description: _____

W2_E2_W2_SE Sec. 7 Twp. 3 S. R. 40 East West

1,320 Feet from North / South Line of Section

1,800 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Cheyenne

Lease Name: Dunn Well #: 1-7

Field Name: Wildcat

Producing Formation: None

Elevation: Ground: 3469 Kelly Bushing: 3474

Total Depth: 5300 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 305 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: 1300 ppm Fluid volume: 800 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: 05/17/2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 05/18/2011