



CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34158
 Name: O'Brien Resources, LLC
 Address 1: PO BOX 6149
 Address 2: _____
 City: SHREVEPORT State: LA Zip: 71136 + _____
 Contact Person: Steve Harris
 Phone: (318) 865-8568
 CONTRACTOR: License # 33755
 Name: Quality Plus Oilfield Services, LLC
 Wellsite Geologist: Kim Shoemaker
 Purchaser: Plains Marketing, LP

API No. 15 - 15-101-22203-00-01

Spot Description: _____
 SE NW NW NV Sec. 1 Twp. 17 S. R. 30 East West
340 Feet from North / South Line of Section
395 Feet from East / West Line of Section

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

County: Lane

Lease Name: Jennison 1 Well #: 2

Field Name: Shay West

Producing Formation: Cherokee

Elevation: Ground: 2845 Kelly Bushing: 2853

Total Depth: 4614 Plug Back Total Depth: 3450

Amount of Surface Pipe Set and Cemented at: 347 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 4614 Feet

If Alternate II completion, cement circulated from: 2337

feet depth to: _____ w/ 190 sx cmt.

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: O'Brien Resources, LLC

Well Name: Jennison 1-2

Original Comp. Date: 12/01/2009 Original Total Depth: 4614

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>2/16/2011</u>	<u>2/16/2011</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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: 06/08/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 06/08/2011