



KANSAS CORPORATION COMMISSION 1057318
 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 # 32819
 Name: Baird Oil Company LLC
 Address 1: 113 W MAIN
 Address 2: PO BOX 428
 City: LOGAN State: KS Zip: 67646 + _____
 Contact Person: Jim R. Baird
 Phone: (785) 689-7456
 CONTRACTOR: License # 33575
 Name: WW Drilling, LLC
 Wellsite Geologist: Richard Bell
 Purchaser: _____

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 #: _____
 5/31/2011 6/5/2011 6/5/2011
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 15-137-20560-00-00
 Spot Description: _____
SE NW SE SE Sec. 3 Twp. 4 S. R. 21 East West
675 Feet from North / South Line of Section
725 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Norton
 Lease Name: Anna Well #: 2-3
 Field Name: _____
 Producing Formation: NA
 Elevation: Ground: 2147 Kelly Bushing: 2168
 Total Depth: 3753 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 201 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: 1900 ppm Fluid volume: 500 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: 07/08/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 07/11/2011