



KANSAS CORPORATION COMMISSION 1060310
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 # 3293
Name: Russell Oil, Inc.
Address 1: PO BOX 8050
Address 2: _____
City: EDMOND State: OK Zip: 73083 + _____
Contact Person: LEROY HOLT
Phone: (405) 752-7600
CONTRACTOR: License # 33350
Name: Southwind Drilling, Inc.
Wellsite Geologist: STEVE MURPHY
Purchaser: COFFEYVILLE CRUDE

API No. 15 - 15-009-25534-00-00
Spot Description: _____
S2 SE SE NW Sec. 1 Twp. 16 S. R. 15 East West
2700 Feet from North / South Line of Section
2310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barton
Lease Name: A-R Unit Well #: 1
Field Name: GALATIA NORTH EXTENSION
Producing Formation: LKC
Elevation: Ground: 1914 Kelly Bushing: 1922
Total Depth: 3500 Plug Back Total Depth: 3441
Amount of Surface Pipe Set and Cemented at: 939 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.

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>04/20/2011</u>	<u>04/27/2011</u>	<u>05/12/2011</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: 32000 ppm Fluid volume: 1000 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	
<input checked="" type="checkbox"/> Letter of Confidentiality Received	Date: <u>07/28/2011</u>
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input checked="" type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>NAOMI JAMES</u> Date: <u>07/29/2011</u>