



KANSAS CORPORATION COMMISSION 1060441

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM**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: STEVEN ANGLE

Purchaser: COFFEYVILLE CRUDE

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 #:

04/7/2011 04/17/2011 05/02/2011

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-167-23696-00-00

Spot Description:

N2 SW SW NW Sec. 32 Twp. 15 S. R. 14 ☐ East ☒ West2100 Feet from ☒ North / ☐ South Line of Section330 Feet from ☐ East / ☒ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☒ NW ☐ SE ☐ SW

County: Russell

Lease Name: Hubert Keil Well #: 4

Field Name: NUSS

Producing Formation: LKC

Elevation: Ground: 1849 Kelly Bushing: 1856

Total Depth: 3500 Plug Back Total Depth: 3504

Amount of Surface Pipe Set and Cemented at: 942 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: 48000 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☒ Letter of Confidentiality Received

Date: 08/01/2011

☐ Confidential Release Date:☒ Wireline Log Received☒ Geologist Report Received☐ UIC DistributionALT ☒ I ☐ II ☐ III Approved by: NAOMI JAMES Date: 08/02/2011