



KANSAS CORPORATION COMMISSION 1062016
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 # 32384
Name: Comanche Resources Company
Address 1: 6520 N WESTERN AVE STE 300
Address 2: _____
City: OKLAHOMA CITY State: OK Zip: 73116 + 7334
Contact Person: CARRIE RENNER
Phone: (405) 755-5900
CONTRACTOR: License # 30606
Name: Murfin Drilling Co., Inc.
Wellsite Geologist: SEAN DEENIHAN
Purchaser: PLAINS MARKETING

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>05/19/2011</u>	<u>05/27/2011</u>	<u>07/07/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-171-20799-00-00
Spot Description: _____
NW NW NE SE Sec. 6 Twp. 20 S. R. 34 East West
2340 Feet from North / South Line of Section
1200 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Scott

Lease Name: EDER Well #: 6-1
Field Name: _____
Producing Formation: PAWNEE LIMESTONE
Elevation: Ground: 3058 Kelly Bushing: 3068
Total Depth: 5023 Plug Back Total Depth: 4700
Amount of Surface Pipe Set and Cemented at: 365 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: 4300 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: 08/31/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 09/01/2011