



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: _____

API No. 15 - 15-137-20578-00-00
 Spot Description: _____
NE NW NW NE Sec. 35 Twp. 3 S. R. 22 East West
120 Feet from North / South Line of Section
2120 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Norton
 Lease Name: Esslinger Ranch, Inc Well #: 5-35

Field Name: _____
 Producing Formation: Lansing/Kansas City
 Elevation: Ground: 2326 Kelly Bushing: 2329
 Total Depth: 3812 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 212 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>8/12/2011</u>	<u>8/19/2011</u>	<u>9/6/2011</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: 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: 09/12/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 09/14/2011