

**CONFIDENTIAL****WELL COMPLETION FORM****WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 5254  
 Name: Midco Exploration, Inc.  
 Address 1: 414 PLAZA DR STE 204  
 Address 2: \_\_\_\_\_  
 City: WESTMONT State: IL Zip: 60559 + 1265  
 Contact Person: Earl J. Joyce, Jr.  
 Phone: ( 630 ) 655-2198  
 CONTRACTOR: License # 32297  
 Name: Superior Servicing, Inc.  
 Wellsite Geologist: N/A  
 Purchaser: CLARCO Gas Co., Inc.

## Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SLOW
- 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: MIDCO Exploration, Inc.Well Name: #1 Shaw OWWOOriginal Comp. Date: 06/07/1974 Original Total Depth: 6509

- 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 #: \_\_\_\_\_08/10/2011      08/24/2011Spud Date or      Date Reached TD      Completion Date or  
Recompletion Date           Recompletion DateAPI No. 15 - 15-025-20051-00-02Spot Description: 110' N OF C NWS2 S2 N2 NW Sec. 10 Twp. 34 S. R. 23  East  West1210 Feet from  North /  South Line of Section1320 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- 
- NE
- 
- NW
- 
- SE
- 
- SW

County: ClarkLease Name: SHAW Well #: 1 OWWOField Name: Big Sand CreekProducing Formation: MississippiElevation: Ground: 1917 Kelly Bushing: 1920Total Depth: 5718 Plug Back Total Depth: 5530Amount of Surface Pipe Set and Cemented at: 415 FeetMultiple 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: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

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: 09/23/2011
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: NAOMI JAMES Date: 09/26/2011



KANSAS CORPORATION COMMISSION 1063941  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

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 Dual Completion    Permit #: \_\_\_\_\_  
 SWD      Permit #: \_\_\_\_\_  
 ENHR      Permit #: \_\_\_\_\_  
 GSW      Permit #: \_\_\_\_\_

08/10/2011      08/24/2011  
Spud Date or      Date Reached TD      Completion Date or  
Recompletion Date           Recompletion Date

API No. 15 - 15-025-20051-00-01  
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S2\_S2\_N2\_NW Sec. 10 Twp. 34 S. R. 23  East  West  
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