



KANSAS CORPORATION COMMISSION 1065646
 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 # 5259
 Name: Mai Oil Operations, Inc.
 Address 1: 8411 PRESTON RD STE 800
 Address 2: _____
 City: DALLAS State: TX Zip: 75225 + 5520
 Contact Person: Allen Bangert
 Phone: (214) 219-8883
 CONTRACTOR: License # 33350
 Name: Southwind Drilling, Inc.
 Wellsite Geologist: James Musgrove
 Purchaser: _____

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 #: _____

| | | |
|--------------------------------|-----------------|--------------------------------------|
| 07/08/2011 | 07/15/2011 | 07/15/2011 |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-053-21265-00-00
 Spot Description: _____
NW NE SW SW Sec. 14 Twp. 16 S. R. 10 East West
1100 Feet from North / South Line of Section
750 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Ellsworth
 Lease Name: Podlena Well #: 1
 Field Name: _____
 Producing Formation: N/A
 Elevation: Ground: 1897 Kelly Bushing: 1899
 Total Depth: 3500 Plug Back Total Depth: 3500
 Amount of Surface Pipe Set and Cemented at: 431 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: 50000 ppm Fluid volume: 100 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: 10/19/2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 10/19/2011