

ORIGINAL

11/09/13

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3988
Name: Slawson Exploration Co., Inc.
Address 1: 204 N Robinson, Ste 2300
Address 2: _____
City: OKC State: OK Zip: 73102 + _____
Contact Person: Steve Slawson
Phone: (405) 232 0201
CONTRACTOR: License # 33575
Name: WW Drilling LLC
Wellsite Geologist: Patrick Deeniham
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 #: _____

<u>9/22/11</u>	<u>10/1/11</u>	<u>10/1/11</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 193-20822-00-00
Spot Description: _____
SW NE NE SE Sec. 22 Twp. 10 S. R. 34 East West
2,070 Feet from North / South Line of Section
390 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Thomas
Lease Name: JAMES BF Well #: 1
Field Name: _____
Producing Formation: None
Elevation: Ground: 3195 Kelly Bushing: 3199
Total Depth: 4850 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 313 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: 5000 ppm Fluid volume: 5000 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Twp. _____ S. R. _____
County: _____ Permit #: _____

CONFIDENTIAL
NOV 09 2013
KCC
RECEIVED
NOV 09 2011
KCC WICHITA

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: _____
Title: VP-Operations Date: 11/9/11

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: 11.09.11 - 11.09.13
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NJ Date: 11-10-11