



KANSAS CORPORATION COMMISSION 1069225  
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 # 32619  
Name: Excel Oil & Gas L.L.C.  
Address 1: PO BOX 68  
Address 2: \_\_\_\_\_  
City: BUCYRUS State: KS Zip: 66013 + 0068  
Contact Person: John Loyd  
Phone: (913) 208-9555  
CONTRACTOR: License # 5831  
Name: M.O.K.A.T.  
Wellsite Geologist: None  
Purchaser: \_\_\_\_\_

API No. 15 - 15-019-27074-00-00  
Spot Description: \_\_\_\_\_  
NW NE NW SE Sec. 6 Twp. 34 S. R. 12  East  West  
2390 Feet from  North /  South Line of Section  
1720 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Chautauqua  
Lease Name: Rathbun Well #: JBD 6-3  
Field Name: Peru-Sedan  
Producing Formation: Wayside  
Elevation: Ground: 926 Kelly Bushing: 928  
Total Depth: 1188 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 43 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 1164  
feet depth to: 0 w/ 120 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 #: \_\_\_\_\_  
10/15/2011 10/17/2011 11/03/2011  
Spud Date or Date Reached TD Completion Date or Recompletion Date

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content: 0 ppm Fluid volume: 0 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  |   |
|--|---|
| <input checked="" type="checkbox"/>  | Letter of Confidentiality Received<br>Date: <u>11/30/2011</u> |
| <input type="checkbox"/>   | Confidential Release Date: _____                              |
| <input checked="" type="checkbox"/>  | Wireline Log Received   |
| <input type="checkbox"/>   | Geologist Report Received                                     |
| <input type="checkbox"/>   | UIC Distribution  |
| ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III | Approved by: <u>NAOMI JAMEE</u> Date: <u>12/01/2011</u>       |