



KANSAS CORPORATION COMMISSION 1069711
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3293
Name: Russell Oil, Inc.
Address 1: PO BOX 8050
Address 2: _____
City: EDMOND State: OK Zip: 73083 + _____
Contact Person: LEROY HOLT
Phone: (405) 752-7600
CONTRACTOR: License # 33793
Name: H2 Drilling LLC
Wellsite Geologist: DEREK PATTERSON
Purchaser: COFFEYVILLE CRUDE

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>8/27/2011</u>	<u>9/7/2011</u>	<u>9/30/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-193-20809-00-00

Spot Description: _____
SE NE NW SW Sec. 31 Twp. 10 S. R. 34 East West
2080 Feet from North / South Line of Section
1120 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Thomas

Lease Name: Anderson Well #: 2-31

Field Name: WILDCAT

Producing Formation: JOHNSON

Elevation: Ground: 3285 Kelly Bushing: 3297

Total Depth: 4900 Plug Back Total Depth: 4853

Amount of Surface Pipe Set and Cemented at: 280 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 2788 Feet

If Alternate II completion, cement circulated from: 0

feet depth to: 2788 w/ 445 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 18000 ppm Fluid volume: 880 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: 12/06/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 12/07/2011