



KANSAS CORPORATION COMMISSION 1071062
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 # 32211
Name: O'Brien Energy Resources Corp.
Address 1: 18 CONGRESS ST, STE 207
Address 2: _____
City: PORTSMOUTH State: NH Zip: 03801 + 4091
Contact Person: Joe Forma
Phone: (603) 427-2099
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: Peter Debenham
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 #: _____
10/7/2011 10/13/2011 10/13/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-119-21298-00-00
Spot Description: _____
_____ NE_NW Sec. 10 Twp. 34 S. R. 30 East West
660 Feet from North / South Line of Section
1980 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Meade
Lease Name: Eagle Well #: 1-10
Field Name: _____
Producing Formation: Dryhole
Elevation: Ground: 2681 Kelly Bushing: 2693
Total Depth: 6300 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 1500 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: 2000 ppm Fluid volume: 320 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: Dillco Fluid Service, Inc.
Lease Name: Regier License #: 6652
Quarter NE Sec. 17 Twp. 33 S. R. 27 East West
County: Meade Permit #: D21232

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: 12/29/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrisor Date: 01/04/2012