



KANSAS CORPORATION COMMISSION 1066788
 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 # 34158
 Name: O'Brien Resources, LLC
 Address 1: PO BOX 6149
 Address 2: _____
 City: SHREVEPORT State: LA Zip: 71136 + _____
 Contact Person: Heather Haynes
 Phone: (318) 865-8568
 CONTRACTOR: License # 6039
 Name: L. D. Drilling, Inc.
 Wellsite Geologist: Kim Shoemaker
 Purchaser: _____

API No. 15 - 15-101-22289-00-01
 Spot Description: _____
NE NE SW SW Sec. 35 Twp. 16 S. R. 30 East West
1103 Feet from North / South Line of Section
991 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Lane
 Lease Name: Snider 35 Well #: 1
 Field Name: _____
 Producing Formation: LKC
 Elevation: Ground: 2852 Kelly Bushing: 2857
 Total Depth: 4651 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 259 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: 4649 Feet
 If Alternate II completion, cement circulated from: 2195
 feet depth to: 0 w/ 175 sx cnt.

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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: O'Brien Resources, LLC
 Well Name: Snider 35-1
 Original Comp. Date: 06/27/2011 Original Total Depth: 4651
 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 10/22/2011
 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: _____ ppm Fluid volume: _____ bbls
 Dewatering method used: _____
 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: 12/12/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 12/13/2011