



KANSAS CORPORATION COMMISSION 1071376  
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 # 34322  
Name: Strat Land Exploration Co  
Address 1: 15 E. 5th St., Ste 2020  
Address 2: \_\_\_\_\_  
City: Tulsa State: OK Zip: 74103 + \_\_\_\_\_  
Contact Person: Dee Jansen  
Phone: ( 918 ) 584-3844  
CONTRACTOR: License # 34000  
Name: Kenai Mid-Continent, Inc.  
Wellsite Geologist: Jim Bohanan  
Purchaser: Plains Mktg

API No. 15 - 15-025-10062-00-01  
Spot Description: Clark  
NE SE NW NE Sec. 2 Twp. 34 S. R. 22  East  West  
975 Feet from  North /  South Line of Section  
1649 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Clark  
Lease Name: McMinimy Well #: 1-2  
Field Name: St. Genevieve  
Producing Formation: St. Genevieve  
Elevation: Ground: 1843 Kelly Bushing: 1853  
Total Depth: 5600 Plug Back Total Depth: 5550  
Amount of Surface Pipe Set and Cemented at: 596 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.

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: Ashland Oil & Refining Co  
Well Name: McMinimy

Original Comp. Date: 01/28/1961 Original Total Depth: 5490

- 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 #: \_\_\_\_\_

10/01/2011	10/04/2011	10/28/2011
Spud Date or Recompletion Date	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: 01/06/2012  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NAOMI JAMES Date: 01/10/2012