



KANSAS CORPORATION COMMISSION 1072749
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 # 32384
Name: Comanche Resources Company
Address 1: 6520 N WESTERN AVE STE 300
Address 2: _____
City: OKLAHOMA CITY State: OK Zip: 73116 + 7334
Contact Person: CARRIE RENNER
Phone: (405) 755-5900
CONTRACTOR: License # 30606
Name: Murfin Drilling Co., Inc.
Wellsite Geologist: RYAN SEIB

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 #: _____

10/01/2011	10/09/2011	11/03/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-171-20829-00-00

Spot Description: _____

NE SE NW SW Sec. 7 Twp. 19 S. R. 34 East West
1662 Feet from North / South Line of Section
1128 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Scott

Lease Name: NOVAK Well #: 7-1

Field Name: _____

Producing Formation: NONE

Elevation: Ground: 3145 Kelly Bushing: 3157

Total Depth: 4978 Plug Back Total Depth: 4937

Amount of Surface Pipe Set and Cemented at: 352 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 2425 Feet

If Alternate II completion, cement circulated from: 2425

feet depth to: 0 w/ 390 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 4800 ppm Fluid volume: 500 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: 01/26/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 01/27/2012