



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

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: Joseph Forma

Phone: (603) 427-2099

CONTRACTOR: License # 5929

Name: Duke Drilling Co., Inc.

Wellsite Geologist: Peter Debenham

Purchaser: DCP, NCRA

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: _____

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 #: _____

10/18/2011	10/23/2011	1/15/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-119-21303-00-00

Spot Description: _____

NW SE SW Sec. 8 Twp. 33 S. R. 29 East West

335 Feet from North / South Line of Section

2293 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Meade

Lease Name: Roberts Well #: 1-8

Field Name: _____

Producing Formation: Mississippian

Elevation: Ground: 2698 Kelly Bushing: 2706

Total Depth: 6350 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 1493 Feet

Multiphase 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: 4500 ppm Fluid volume: 1000 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: _____

Operator Name: Dillco Fluid Service

Lease Name: Sneed License #: 6652

Quarter NW Sec. 14 Twp. 34 S. R. 30 East West

County: Meade Permit #: D27876

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: 01/31/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 02/01/2012