



**CONFIDENTIAL**

OIL & GAS CONSERVATION DIVISION

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

**WELL COMPLETION FORM**

**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 31885  
 Name: M & M Exploration, Inc.  
 Address 1: 4257 MAIN ST., #230  
 Address 2: \_\_\_\_\_  
 City: WESTMINSTER State: CO Zip: 80031 + \_\_\_\_\_  
 Contact Person: Mike Austin  
 Phone: (303) 438-1991  
 CONTRACTOR: License # 33350  
 Name: Southwind Drilling, Inc.  
 Wellsite Geologist: Mike Pollok  
 Purchaser: ONEOK

API No. 15 - 15-007-23790-00-00

Spot Description: \_\_\_\_\_  
 \_\_\_\_\_ NW NW Sec. 16 Twp. 34 S. R. 14  East  West  
660 Feet from  North /  South Line of Section  
660 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW

County: Barber  
 Lease Name: Z Bar Well #: 16-4

Field Name: Aetna Gas Area  
 Producing Formation: Mississippian

Elevation: Ground: 1554 Kelly Bushing: 1566  
 Total Depth: 4950 Plug Back Total Depth: 4900

Amount of Surface Pipe Set and Cemented at: 900 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: \_\_\_\_\_  
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 #: \_\_\_\_\_

<u>11/3/2011</u>	<u>11/11/2011</u>	<u>1/27/2012</u>
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: 0 ppm Fluid volume: 0 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: 02/28/2012

Confidential Release Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT  I  II  III Approved by: NAOMI JAMES Date: 02/29/2012