



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

OPERATOR: License # 5259
Name: Mai Oil Operations, Inc.
Address 1: 8411 PRESTON RD STE 800
Address 2:
City: DALLAS State: TX Zip: 75225 + 5520
Contact Person: Allen Bangert
Phone: (214) 219-8883
CONTRACTOR: License # 33350
Name: Southwind Drilling, Inc.
Wellsite Geologist: Jim Musgrove
Purchaser:

Designate Type of Completion:
[checked] New Well [] Re-Entry [] Workover
[] Oil [] WSW [] SWD [] SIOW
[] Gas [checked] 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 #:

11/25/2011 12/02/2011 12/02/2011

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-169-20331-00-00

Spot Description:

SW SE NW SW Sec. 25 Twp. 15 S. R. 4 [] East [checked] West

1500 Feet from [] North / [checked] South Line of Section

800 Feet from [] East / [checked] West Line of Section

Footages Calculated from Nearest Outside Section Corner:

[] NE [] NW [] SE [checked] SW

County: Saline

Lease Name: Frost Well #: 1

Field Name:

Producing Formation: N/A

Elevation: Ground: 1301 Kelly Bushing: 1309

Total Depth: 3581 Plug Back Total Depth: 3581

Amount of Surface Pipe Set and Cemented at: 403 Feet

Multiple Stage Cementing Collar Used? [] Yes [checked] 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: 1800 ppm Fluid volume: 100 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

[checked] Letter of Confidentiality Received

Date: 03/14/2012

[] Confidential Release Date:

[checked] Wireline Log Received

[] Geologist Report Received

[] UIC Distribution

ALT [checked] I [] II [] III Approved by: NAOMI JAMES Date: 03/15/2012