



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION 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: Michael N. Austin

Phone: (303) 438-1991

CONTRACTOR: License # 99975

Name: COMPANY SERVICING TOOLS

Wellsite Geologist: Mike Pollok

Purchaser: Atlas Pipeline Mid Continent Westoak

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: M&M Exploration, Inc.

Well Name: Williams-Misak 1-5

Original Comp. Date: 09/25/2009 Original Total Depth: 5300

- Deepening
- Re-perf.
- Conv. to ENHR
- Conv. to SWD
- Conv. to GSW
- Plug Back: 4930 Plug Back Total Depth
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

<u>02/22/2012</u>	<u>03/01/2012</u>
Spud Date or Recompletion Date	Completion Date or Recompletion Date

API No. 15 - 15-077-21652-00-01

Spot Description: _____

S2 SE SE SE Sec. 5 Twp. 35 S. R. 5 East West

85 Feet from North / South Line of Section

330 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE
- NW
- SE
- SW

County: Harper

Lease Name: WILLIAMS-MISAK Well #: 1-5

Field Name: _____

Producing Formation: Cherokee Sand

Elevation: Ground: 1234 Kelly Bushing: 1242

Total Depth: 5300 Plug Back Total Depth: 5237

Amount of Surface Pipe Set and Cemented at: 347 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.

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: 04/04/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 04/04/2012