CORRECTION #1

1075151

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5056
Name: F. G. Holl Company L.L.C.
Address 1: 9431 E CENTRAL STE 100
Address 2:
City: WICHITA State: KS Zip: 67206 + 2563
Contact Person: Franklin R. Greenbaum
Phone: (316) 684-8481
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: Ryan Greenbaum
Purchaser: NCRA

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 #:

09/29/2011	10/07/2011	12/07/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-009-25609-00-00
Spot Description: 160' N. & 80' W. OF CS2SW
_ - _ - S2 - SW Sec. 8 Twp. 19 S. R. 14 ☐ East ☑ West
820 Feet from ☐ North / ☑ South Line of Section
1240 Feet from ☐ East / ☑ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☑ SW
County: Barton
Lease Name: GCOM TRUST Well #: 1-8
Field Name: Wildcat
Producing Formation: Lansing-Kansas City
Elevation: Ground: 1911 Kelly Bushing: 1919
Total Depth: 3750 Plug Back Total Depth: 3500
Amount of Surface Pipe Set and Cemented at: 867 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: 63000 ppm Fluid volume: 800 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: 12/08/2011
☐ Confidential Release Date:
☑ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution
ALT ☑ I ☐ II ☐ III Approved by: NAOMI JAMES Date: 02/27/2012