

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

2/16/13

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 30525
Name: D.S. LANGSTON
Address 1: 310 W. CENTRAL, STE.# 202
Address 2: _____
City: WICHITA State: KS Zip: 67202 + 1004
Contact Person: D.S. LANGSTON
Phone: (620) 786-0874
CONTRACTOR: License # 33350
Name: SOUTHWIND DRLG., INC.
Wellsite Geologist: DAVE WILLIAMS
Purchaser: NCRA

API No. 15 - 009-25613-00-00

Spot Description: _____
SE NW SE Sec. 36 Twp. 18 S. R. 11 East West
1,810 Feet from North / South Line of Section
1,585 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: BARTON

Lease Name: DOLL Well #: 30

Field Name: MARY IDA

Producing Formation: L- KC

Elevation: Ground: 1752 Kelly Bushing: 1759

Total Depth: 3265' Plug Back Total Depth: 3265'

Amount of Surface Pipe Set and Cemented at: 499 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 #: _____

10/27/2011 11/04/2011 11/04/2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 9300 ppm Fluid volume: 665 bbls

Dewatering method used: ALLOWED TO EVAPORATE

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: CONFIDENTIAL License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

CONFIDENTIAL
FEB 16 2013
KCC
RECEIVED
FEB 17 2012

KCC WICHITA

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: _____

Title: INDEP. OIL & GAS OPERATOR Date: 2/16/12

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: 2/16/12 - 2/16/13
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: MS Date: 3-14-12