



KANSAS CORPORATION COMMISSION 1074513
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Signed
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All blanks must be Filled

CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34434
Name: Edison Operating Company LLC
Address 1: 9427 E. Cross Creek
Address 2: _____
City: WICHITA State: KS Zip: 67206 + _____
Contact Person: David G. Withrow
Phone: (316) 613-1544
CONTRACTOR: License # 4958
Name: Mallard, J. V., Inc.
Wellsite Geologist: Derek W. Patterson
Purchaser: _____

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 #: _____

01/23/2012	01/29/2012	01/29/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-185-23733-00-00
Spot Description: _____
NW NW SE SW Sec. 2 Twp. 25 S. R. 14 East West
1155 Feet from North / South Line of Section
1485 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Stafford
Lease Name: Curtis Well #: 1-2
Field Name: Cephas
Producing Formation: Arbuckle
Elevation: Ground: 1957 Kelly Bushing: 1960
Total Depth: 4349 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 370 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 crnt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 9100 ppm Fluid volume: 4800 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: 04/26/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 05/01/2012