



KANSAS CORPORATION COMMISSION 1078970
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM

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

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32819
Name: Baird Oil Company LLC
Address 1: 113 W MAIN
Address 2: PO BOX 428
City: LOGAN State: KS Zip: 67646 +
Contact Person: Jim R. Baird
Phone: (785) 689-7456
CONTRACTOR: License # 33575
Name: WW Drilling, LLC
Wellsite Geologist: Richard Bell
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 #: _____

<u>3/24/2012</u>	<u>3/30/2012</u>	<u>4/24/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-065-23814-00-00

Spot Description: _____
NW SW NE NE Sec. 11 Twp. 7 S. R. 22 East West
710 Feet from North / South Line of Section
1230 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Graham
Lease Name: White Well #: 1-11
Field Name: _____

Producing Formation: Lansing/Kansas City
Elevation: Ground: 2225 Kelly Bushing: 2229
Total Depth: 3807 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 212 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 cnt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1900 ppm Fluid volume: 500 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: 05/15/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 05/15/2012