



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32211
 Name: O'Brien Energy Resources Corp.
 Address 1: 18 CONGRESS ST, STE 207
 Address 2: _____
 City: PORTSMOUTH State: NH Zip: 03801 + 4091
 Contact Person: Joe Forma
 Phone: (603) 427-2099
 CONTRACTOR: License # 5929
 Name: Duke Drilling Co., Inc.
 Wellsite Geologist: Peter Debenham
 Purchaser: DCP & NCRA

API No. 15 - 15-119-21313-00-00
 Spot Description: _____
NW SE SE NE Sec. 30 Twp. 33 S. R. 29 East West
2308 Feet from North / South Line of Section
335 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Meade
 Lease Name: Vail Offset Well #: 3-30
 Field Name: _____
 Producing Formation: Morrow
 Elevation: Ground: 2639 Kelly Bushing: 2651
 Total Depth: 6371 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 1495 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 #: _____

<u>02/28/2012</u>	<u>03/07/2012</u>	<u>04/15/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
 Chloride content: 2500 ppm Fluid volume: 300 bbls
 Dewatering method used: Hauled to Disposal
 Location of fluid disposal if hauled offsite:
 Operator Name: Dillco Fluid Service Co
 Lease Name: Liz Smith License #: 6652
 Quarter NE Sec. 26 Twp. 30 S. R. 34 East West
 County: Meade Permit #: 15-081-20272-0002

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: 05/24/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 05/24/2012