



KANSAS CORPORATION COMMISSION 1081395
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 # 31885
Name: M & M Exploration, Inc.
Address 1: 4257 MAIN ST., #230
Address 2: _____
City: WESTMINSTER State: CO Zip: 80031 + _____
Contact Person: Michael Austin
Phone: (303) 438-1991
CONTRACTOR: License # 33350
Name: Southwind Drilling, Inc.
Wellsite Geologist: Mike Pollok
Purchaser: _____

API No. 15 - 15-007-23843-00-00

Spot Description: _____
SE NW NW NW Sec. 16 Twp. 34 S. R. 14 East West
400 Feet from North / South Line of Section
530 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Barber

Lease Name: Z Bar Well #: 16-4 SWD

Field Name: Aetna Gas Area

Producing Formation: Arbuckle

Elevation: Ground: 1559 Kelly Bushing: 1571

Total Depth: 5526 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 916 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 cm.

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 #: _____

3/23/2012 5/7/2012 5/24/2012
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: 0 ppm Fluid volume: 0 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: 05/30/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 05/31/2012