



KANSAS CORPORATION COMMISSION 1084603
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 # 34344
Name: Culbreath Oil & Gas Company, Inc.
Address 1: 1532 S PEORIA AVE
Address 2: _____
City: TULSA State: OK Zip: 74120 + 6202
Contact Person: Billy Schmidt
Phone: (918) 749-3508
CONTRACTOR: License # 34233
Name: Maverick Drilling LLC
Wellsite Geologist: Tim Priest
Purchaser: Sunoco

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>04/10/2012</u>	<u>04/17/2012</u>	<u>04/18/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-179-21298-00-00
Spot Description: 30' WEST OF
E2_W2_E2_NW Sec. 8 Twp. 10 S. R. 26 East West
1320 Feet from North / South Line of Section
1950 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Sheridan
Lease Name: COBURN Well #: 2-8
Field Name: WC
Producing Formation: LKC
Elevation: Ground: 2584 Kelly Bushing: 2592
Total Depth: 4109 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 253 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2230 Feet
If Alternate II completion, cement circulated from: 2230
feet depth to: 0 w/ 426 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 800 ppm Fluid volume: 640 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: 06/15/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 06/19/2012