



KANSAS CORPORATION COMMISSION 1079241
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 # 32044
Name: Trimble & Maclaskey Oil LLC
Address 1: 110 SOUTH ST
Address 2: PO BOX 171
City: GRIDLEY State: KS Zip: 66852 +
Contact Person: Randall L. Trimble
Phone: (620) 836-2000
CONTRACTOR: License # 32854
Name: Gulick Drilling Co., Inc.
Wellsite Geologist: Thomas E. Blair
Purchaser:
Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
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 #: _____

03/26/2012	03/30/2012	07/02/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-111-20449-00-00
Spot Description:
SW NE SW Sec. 13 Twp. 21 S. R. 10 East [] West
1650 Feet from North / South Line of Section
3630 Feet from East / [] West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Lyon
Lease Name: Ralph Redeker Well #: 2D

Field Name: _____
Producing Formation: Arbuckle

Elevation: Ground: 1214 Kelly Bushing: 1222

Total Depth: 2845 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 120 Feet

Multiple Stage Cementing Collar Used? Yes [] No

If yes, show depth set: 1597 Feet

If Alternate II completion, cement circulated from:
feet depth to: _____ w/ _____ sx cmt.

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: 07/23/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: Deanna Gattis Date: 07/27/2012