



KANSAS CORPORATION COMMISSION 1086960
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 # 34158
Name: O'Brien Resources, LLC
Address 1: PO BOX 6149
Address 2: _____
City: SHREVEPORT State: LA Zip: 71136 +
Contact Person: Heather Haynes
Phone: (318) 865-8568
CONTRACTOR: License # 33575
Name: WW Drilling, LLC
Wellsite Geologist: Sean Deenihan
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 #: _____

06/28/2012 07/06/2012 07/06/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-063-21986-00-00
Spot Description: _____
E2 SE SW SW Sec. 27 Twp. 14 S. R. 30 East West
330 Feet from North / South Line of Section
1074 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Gove
Lease Name: Hayes 27 Well #: 1

Field Name: _____
Producing Formation: N/A
Elevation: Ground: 2750 Kelly Bushing: 2755
Total Depth: 4446 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 220 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.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: 4000 ppm Fluid volume: 800 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: 07/20/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Gansor Date: 07/27/2012