



KANSAS CORPORATION COMMISSION 1089167
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 # 31389
Name: Noble Petroleum, Inc.
Address 1: 3101 N ROCK RD STE 125
Address 2: _____
City: WICHITA State: KS Zip: 67226 + 1300
Contact Person: Jay Ablah
Phone: (316) 636-2222
CONTRACTOR: License # 32701
Name: C & G Drilling, Inc.
Wellsite Geologist: Frank Mize
Purchaser: NA

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 #: _____

7/14/2012	7/18/2012	7/18/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-115-21433-00-00

Spot Description: _____
SW NE NW SE Sec. 19 Twp. 21 S. R. 5 East West
2068 Feet from North / South Line of Section
1875 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Marion
Lease Name: KOEHN Well #: 1

Field Name: Florence
Producing Formation: None

Elevation: Ground: 1372 Kelly Bushing: 1378
Total Depth: 2354 Plug Back Total Depth: 0
Amount of Surface Pipe Set and Cemented at: 226 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: 1000 ppm Fluid volume: 400 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	
<input checked="" type="checkbox"/>	Letter of Confidentiality Received Date: <u>07/31/2012</u>
<input type="checkbox"/>	Confidential Release Date: _____
<input type="checkbox"/>	Wireline Log Received
<input checked="" type="checkbox"/>	Geologist Report Received
<input type="checkbox"/>	UIC Distribution
ALT <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Gamisor</u> Date: <u>08/07/2012</u>