



KANSAS CORPORATION COMMISSION 1089645
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 # 32384
Name: Comanche Resources Company
Address 1: 6520 N WESTERN AVE STE 300
Address 2: _____
City: OKLAHOMA CITY State: OK Zip: 73116 + 7334
Contact Person: CARRIE RENNER
Phone: (405) 755-5900
CONTRACTOR: License # 32701
Name: C & G Drilling, Inc.
Wellsite Geologist: SEAN DEENIHAN & SAMAN SHARIFAIE
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 #: _____

<u>04/17/2012</u>	<u>04/27/2012</u>	<u>07/01/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-035-24472-00-00
Spot Description: IRREGULAR - 6155' WEST LINE SECTION
NE_NE_SE_NE Sec. 31 Twp. 32 S. R. 8 East West
1360 Feet from North / South Line of Section
6155 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Cowley
Lease Name: HOPPY Well #: 31-1
Field Name: _____
Producing Formation: NONE
Elevation: Ground: 1250 Kelly Bushing: 1273
Total Depth: 3501 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 477 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: 1400 ppm Fluid volume: 350 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: 08/08/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: Deanna Garrison Date: 08/14/2012