



KANSAS CORPORATION COMMISSION 1091052

Form ACO-1

June 2009

CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM**WELL HISTORY - DESCRIPTION OF WELL & LEASE**Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 # 30606
 Name: Murfin Drilling Co., Inc.
 Wellsite Geologist: TROY FOWLER
 Purchaser: PLAINS MARKETING
 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 #:

05/03/2012 05/12/2012 06/27/2012
 Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-171-20876-00-00

Spot Description:
 NW SE SE NE Sec. 30 Twp. 19 S. R. 34 ☐ East ☒ West
 3200 Feet from ☐ North / ☒ South Line of Section
 400 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Scott

Lease Name: SAVOLT Well #: 30-1

Field Name:

Producing Formation: PAWNEE LIME

Elevation: Ground: 3131 Kelly Bushing: 3141

Total Depth: 5015 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 359 Feet

Multiple Stage Cementing Collar Used? ☒ Yes ☐ No

If yes, show depth set: 2535 Feet

If Alternate II completion, cement circulated from: 2535

feet depth to: 0 w/ 580 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 6000 ppm Fluid volume: 500 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: 08/21/2012

☐ Confidential Release Date:☒ Wireline Log Received☒ Geologist Report Received☐ UIC DistributionALT ☐ I ☒ II ☐ III Approved by: Deanna Gertzel Date: 08/23/2012