



KANSAS CORPORATION COMMISSION 1091065
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 # 3882
Name: Samuel Gary Jr. & Associates, Inc.
Address 1: 1515 WYNKOOP, STE 700
Address 2: _____
City: DENVER State: CO Zip: 80202 +
Contact Person: CLAYTON CAMOZZI
Phone: (303) 831-4673
CONTRACTOR: License # 31548
Name: Discovery Drilling
Wellsite Geologist: TIM HEDRICK
Purchaser: SAMUEL GARY JR. & ASSOCIATES, INC.

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 #: _____

<u>4/27/2012</u>	<u>5/2/2012</u>	<u>5/3/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-165-21968-00-00
Spot Description: _____
E2 NW NE NW Sec. 10 Twp. 16 S. R. 16 East West
330 Feet from North / South Line of Section
1850 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rush
Lease Name: SHECK Well #: 1-10
Field Name: _____
Producing Formation: LANSING
Elevation: Ground: 1949 Kelly Bushing: 1957
Total Depth: 3627 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 820 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: 58000 ppm Fluid volume: 640 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: CRAIG, WARD DBA CRAIG OIL COMPANY
Lease Name: RUBIN NUSS License #: 31341
Quarter SW Sec. 5 Twp. 16 S. R. 14 East West
County: BARTON Permit #: D09153

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>08/17/2012</u>
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" 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 Gortz</u> Date: <u>08/22/2012</u>