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AUG 27 2012

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 34455
Name: Glori Holdings, Inc.
Address 1: 4315 South Drive
Address 2: _____
City: Houston State: TX Zip: 77053 + _____
Contact Person: Tom Holland
Phone: (832) 412-1436
CONTRACTOR: License # _____
Name: _____
Wellsite Geologist: _____
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: Anadarko Petroleum Corp.
Well Name: Etzold Unit North 2-3

Original Comp. Date: 11/28/1983 Original Total Depth: 6398'

- 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 #: E24960
- GSW Permit #: _____

8/2/12 Spud Date or Recompletion Date 08/02/2012 Date Reached TD Completion Date or Recompletion Date

API No. 15 - 175-20711-00-01

Spot Description: _____

SE NW Sec. 22 Twp. 33 S. R. 34 East West

3,300 1980 Feet from North / South Line of Section

3,300 1980 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE
- NW
- SE
- SW

County: Seward

Lease Name: Etzold Unit North Well #: 2-3

Field Name: Shuck

Producing Formation: Lower Chester

Elevation: Ground: 2888' Kelly Bushing: _____

Total Depth: 6398' Plug Back Total Depth: 6399'

Amount of Surface Pipe Set and Cemented at: 168 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Tom Holland

Title: Mgr. Land & Acq. Date: 8/22/2012

KCC Office Use ONLY

- Letter of Confidentiality Received
- Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: WDG Date: 8/30/12

Operator Name: Glori Holdings, Inc. Lease Name: Etzold Unit North Well #: 2-3
 Sec. 22 Twp. 33 S. R. 34 East West County: Seward

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

| | |
|--|--|
| Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <div style="text-align: right; font-weight: bold; font-size: 1.2em;"> RECEIVED AUG 27 2012 KCC WICHITA </div> |
|--|--|

| CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used | | | | | | | |
|---|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Report all strings set-conductor, surface, intermediate, production, etc. | | | | | | | |
| Purpose of String | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs. / Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|--|------------------|----------------|--------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone | | | | |
| | | | | |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|---|--|-------|
| | | | |
| | | | |
| | | | |
| | | | |

| | | | | | |
|---|-----------|---------------------|--|-------------------------|---|
| TUBING RECORD: | | Size: <u>2 7/8"</u> | Set At: <u>5990'</u> | Packer At: <u>4420'</u> | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of First, Resumed Production, SWD or ENHR. <u>TBD</u> | | | Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ | | |
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |

| | | |
|---|---|--|
| DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|---|---|--|