



KANSAS CORPORATION COMMISSION 1089847
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 # 5259
Name: Mai Oil Operations, Inc.
Address 1: 8411 PRESTON RD STE 800
Address 2: _____
City: DALLAS State: TX Zip: 75225 + 5520
Contact Person: Allen Bangert
Phone: (214) 219-8883
CONTRACTOR: License # 33350
Name: Southwind Drilling, Inc.
Wellsite Geologist: Jim Musgrove
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: _____
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>05/24/2012</u>	<u>06/02/2012</u>	<u>06/02/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-167-23799-00-00
Spot Description: _____
SW SE SE Sec. 4 Twp. 15 S. R. 14 East West
330 Feet from North / South Line of Section
990 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Russell
Lease Name: Schmitt Well #: 2
Field Name: _____
Producing Formation: Arbuckle
Elevation: Ground: 1764 Kelly Bushing: 1772
Total Depth: 3300 Plug Back Total Depth: 3270
Amount of Surface Pipe Set and Cemented at: 372 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: 41000 ppm Fluid volume: 80 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: Mai Oil Operations, Inc.
Lease Name: Flegler "A" License #: 5259
Quarter SW Sec. 3 Twp. 15 S. R. 14 East West
County: Russell Permit #: D30856

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: 08/07/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Gerriss Date: 08/15/2012