



KANSAS CORPORATION COMMISSION 1092353
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 # 34319
Name: SDOCO, LLC
Address 1: PO BOX 369
Address 2: _____
City: LITTLETON State: CO Zip: 80160 + _____
Contact Person: J. Robert Tuck
Phone: (303) 979-4029
CONTRACTOR: License # 33793
Name: H2 Drilling LLC
Wellsite Geologist: Kurt Talbott
Purchaser: NCRA

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 #: _____
06/02/2012 06/11/2012 07/27/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-203-20180-00-00
Spot Description: _____
E2 W2 SW NW Sec. 25 Twp. 20 S. R. 35 East West
1980 Feet from North / South Line of Section
335 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wichita
Lease Name: Brack Well #: 5-25
Field Name: White Woman North
Producing Formation: Marmaton
Elevation: Ground: 3154 Kelly Bushing: 3163
Total Depth: 5090 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 263 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 3016 Feet
If Alternate II completion, cement circulated from: 3016
feet depth to: 0 w/ 918 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 4500 ppm Fluid volume: 1000 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: 09/20/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 09/25/2012