



KANSAS CORPORATION COMMISSION 1097469
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 # 32211
Name: O'Brien Energy Resources Corp.
Address 1: 18 CONGRESS ST, STE 207
Address 2: _____
City: PORTSMOUTH State: NH Zip: 03801 + 4091
Contact Person: Joseph Forma
Phone: (603) 427-2099
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: Peter Debenham
Purchaser: NCRA, DCP Midstream
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 #: _____
08/10/2012 08/16/2012 09/09/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-119-21322-00-00
Spot Description:
SE NW NW SE Sec. 30 Twp. 33 S. R. 29 East West
2305 Feet from North / South Line of Section
2305 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Meade
Lease Name: Vail Offset Well #: 4-30
Field Name: _____
Producing Formation: Morrow
Elevation: Ground: 2672 Kelly Bushing: 2684
Total Depth: 6358 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 1493 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: 18000 ppm Fluid volume: 750 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: Max Papay LLC
Lease Name: Sneed License #: 34021
Quarter NW Sec. 14 Twp. 34 S. R. 30 East West
County: Meade Permit #: 15-119-20027-0001

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: 10/16/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 10/24/2012