



KANSAS CORPORATION COMMISSION 1097706  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009

**CONFIDENTIAL**

**WELL COMPLETION FORM**

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

**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 8914  
Name: H & C Oil Operating Inc.  
Address 1: PO BOX 86  
Address 2:  
City: PLAINVILLE State: KS Zip: 67663 + 0086  
Contact Person: Charles Ramsay  
Phone: ( 785 ) 434-7434  
CONTRACTOR: License # 33493  
Name: American Eagle Drilling LLC  
Wellsite Geologist: Marc Downing

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 #:

10/01/2012	10/08/2012	10/09/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-065-23860-00-00  
Spot Description:  
SW SW SE Sec. 22 Twp. 8 S. R. 22  East  West  
330 Feet from  North /  South Line of Section  
2310 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Graham  
Lease Name: Fink Well #: 22-1  
Field Name:  
Producing Formation: none  
Elevation: Ground: 2168 Kelly Bushing: 2173  
Total Depth: 3833 Plug Back Total Depth:  
Amount of Surface Pipe Set and Cemented at: 228 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: 25000 ppm Fluid volume: 40 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: 10/18/2012  
 Confidential Release Date:  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NACMI JAMES Date: 10/23/2012