



KANSAS CORPORATION COMMISSION 1101168
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 # 3882
Name: Samuel Gary Jr. & Associates, Inc.
Address 1: 1515 WYNKOOP, STE 700
Address 2:
City: DENVER State: CO Zip: 80202 +
Contact Person: CLAYTON CAMOZZI
Phone: (303) 831-4673
CONTRACTOR: License # 31548
Name: Discovery Drilling
Wellsite Geologist: TIM HEDRICK
Purchaser: SAMUEL GARY JR. & ASSOCIATES, INC.

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 #: _____

7/26/2012 7/31/2012 8/1/2012

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-051-26342-00-00

Spot Description: _____

E2 E2 W2 SW Sec. 16 Twp. 12 S. R. 16 East West

1320 Feet from North / South Line of Section

1000 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Ellis

Lease Name: GLASSMAN Well #: 2-16

Field Name: _____

Producing Formation: LANSING

Elevation: Ground: 1937 Kelly Bushing: 1945

Total Depth: 3589 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 908 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 crnt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 68000 ppm Fluid volume: 80 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: KARLIN, GENE DBA GENE KARLIN COMPANY

Lease Name: NUSS License #: 3444

Quarter SW Sec. 5 Twp. 13 S. R. 17 East West

County: ELLIS Permit #: D25588

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: 11/15/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 11/15/2012