

## CONFIDENTIAL COMPLETION FORM

1101046

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

## WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

| OPERATOR: License # 5259            |               |                                | API No.  |
|-------------------------------------|---------------|--------------------------------|----------|
| Name: Mai Oil Operations, Inc.      |               |                                | Spot De  |
| Address 1: 8411 PRESTON RD          | STE 800       |                                | NW_1     |
| Address 2:                          |               |                                | 75       |
| City: DALLAS Stat                   | e: TX Zip:    | <b>75225</b> <sub>+</sub> 5520 | 785      |
| Contact Person: Allen Bangert       |               |                                | Footag   |
| Phone: ( 214 ) 219-8883             |               |                                |          |
| 33350                               |               |                                | County   |
| Name: Southwind Drilling, Inc.      |               |                                | Lease    |
| Wellsite Geologist: Jim Musgrove    |               |                                | Field N  |
| Purchaser:                          |               |                                | Produc   |
| Designate Type of Completion:       |               |                                | Elevati  |
| ✓ New Well Re-E                     | Entry [       | Workover                       | Total D  |
| ✓ oil 🔲 wsw                         | SWD           | SIOW                           | Amour    |
| Gas D&A                             | ENHR          | SIGW                           | Multipl  |
| [] og                               | GSW           | Temp. Abd.                     | If yes,  |
| CM (Coal Bed Methane)               |               |                                | If Alter |
| Cathodic Other (Core.               | Expl., etc.): |                                | feet de  |
| If Workover/Re-entry: Old Well Info | as follows:   |                                |          |
| Operator:                           |               |                                | Drillin  |
| Well Name:                          |               |                                | (Data n  |
| Original Comp. Date:                | Original Tot  | al Depth:                      | Chlorie  |
| Deepening Re-perf.                  | Conv. to E    | ENHR Conv. to SWD              | Dewat    |
|                                     | Conv. to      |                                |          |
| Plug Back:                          |               |                                | Locati   |
| Commingled                          | Permit #:     |                                | Opera    |
| Dual Completion                     | Permit #:     |                                | Lease    |
| SWD ENHR                            | Permit #:     |                                | Quarte   |
| GSW                                 |               |                                | Count    |

| Spot Description:  NW_NE_NW_NW_Sec29 Twp17 S. R15East   |
|---|
| Feet from North / South Line of Section  785  Feet from East / West Line of Section  Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW  County: Barton  Lease Name: Pospishel-Ware Unit Well #: 1 |
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|   |
| Field Name:   |
|   |
| Producing Formation: Lansing-Kansas City  |
| Elevation: Ground: 2034 Kelly Bushing: 2042   |
| Total Depth: 3663 Plug Back Total Depth:  |
| Amount of Surface Pipe Set and Cemented at: 1075 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.   |
| teet deput to.  |
| Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)  |
| Chloride content: 61000 ppm Fluid volume: 80 bbls   |
| Dewatering method used: Evaporated  |
| Location of fluid disposal if hauled offsite:   |
| Operator Name:  |
| Lease Name: License #:  |
| QuarterSecTwpS. REast_West  |
| County: Permit #:   |

## AFFIDAVIT

08/16/2012 Completion Date or

Recompletion Date

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

08/16/2012

Date Reached TD

08/08/2012

Spud Date or

Recompletion Date

| 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 |