



KANSAS CORPORATION COMMISSION 1099639  
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 # 32639  
Name: Coral Production Corporation  
Address 1: 1600 STOUT ST STE 1500  
Address 2:  
City: DENVER State: CO Zip: 80202 + 3133  
Contact Person: JIM WIEGER  
Phone: ( 303 ) 623-3573  
CONTRACTOR: License # 34233  
Name: Maverick Drilling LLC  
Wellsite Geologist: TIM LAUER  
Purchaser:

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 #:

10/23/2012	10/30/2012	11/26/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-185-23770-00-00  
Spot Description:  
NW SE NE NW Sec. 36 Twp. 21 S. R. 14  East  West  
900 Feet from  North /  South Line of Section  
2050 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Stafford  
Lease Name: KEENAN Well #: 36-1  
Field Name:  
Producing Formation: LANSING KANSAS CITY  
Elevation: Ground: 1927 Kelly Bushing: 1937  
Total Depth: 3782 Plug Back Total Depth:  
Amount of Surface Pipe Set and Cemented at: 895 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: 9000 ppm Fluid volume: 400 bbls  
Dewatering method used: Hauled to Disposal  
Location of fluid disposal if hauled offsite:  
Operator Name: BOB'S OIL SERVICE  
Lease Name: TEICHMAN License #: 32408  
Quarter W2 Sec. 16 Twp. 22 S. R. 12  East  West  
County: STAFFORD Permit #: D23722

**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: 11/27/2012  
 Confidential Release Date:  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NAOMI JAMES Date: 12/04/2012