

CONFIDENTIAL WELL COMPLETION EOPM

1127316

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

WELL COMPLETION FORM

| WELL HI | STORY - D | ESCRIPTION | OF WELL & | & LEASE |
|---------|-----------|------------|-----------|---------|

| OPERATOR: License # | API No. 15 | | |
|---|--|--|--|
| Name: | Spot Description: | | |
| Address 1: | | | |
| Address 2: | Feet from North / South Line of Section | | |
| City: State: Zip:+ | Feet from East / West Line of Section | | |
| Contact Person: | Footages Calculated from Nearest Outside Section Corner: | | |
| Phone: () | | | |
| CONTRACTOR: License # | County: | | |
| Name: | Lease Name: Well #: | | |
| Wellsite Geologist: | Field Name: | | |
| Purchaser: | | | |
| | Producing Formation: | | |
| Designate Type of Completion: | Elevation: Ground: Kelly Bushing: | | |
| New Well Re-Entry Workover | Total Depth: Plug Back Total Depth: | | |
| | Amount of Surface Pipe Set and Cemented at: Feet | | |
| Gas D&A ENHR SIGW | Multiple Stage Cementing Collar Used? Yes No | | |
| OG GSW Temp. Abd. | If yes, show depth set: Feet | | |
| CM (Coal Bed Methane) | If Alternate II completion, cement circulated from: | | |
| Cathodic Other (Core, Expl., etc.): | feet depth to:w/sx cmt | | |
| If Workover/Re-entry: Old Well Info as follows: | | | |
| Operator: | Drilling Fluid Management Plan | | |
| Well Name: | (Data must be collected from the Reserve Pit) | | |
| Original Comp. Date: Original Total Depth: | Chloride content: ppm Fluid volume: bbls | | |
| Deepening Re-perf. Conv. to ENHR Conv. to SWD | Dewatering method used: | | |
| Conv. to GSW | | | |
| Plug Back: Plug Back Total Depth | Location of fluid disposal if hauled offsite: | | |
| Commingled Permit #: | Operator Name: | | |
| Dual Completion Permit #: | Lease Name: License #: | | |
| SWD Permit #: | | | |
| ENHR Permit #: | Quarter Sec TwpS. R East West | | |
| GSW Permit #: | County: Permit #: | | |
| Spud Date or Date Reached TD Completion Date or | | | |
| Recompletion Date Reached TD Recompletion Date of Recompletion Date | | | |

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: | | | | |
| Confidential Release Date: | | | | |
| Wireline Log Received | | | | |
| Geologist Report Received | | | | |
| UIC Distribution | | | | |
| ALT I II III Approved by: Date: | | | | |