

Kansas Corporation Commission Oil & Gas Conservation Division CONFIDENTIAL

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 # | API No. 15 |
|---|--|
| Name: | Spot Description: |
| Address 1: | SecTwpS. R |
| Address 2: | Feet from North / South Line of Section |
| City: | Feet from |
| Contact Person: | Footages Calculated from Nearest Outside Section Corner: |
| Phone: () | □NE □NW □SE □SW |
| 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: |
| Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): | Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt |
| Operator: | |
| Well Name: | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) |
| Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW Plug Back: Plug Back Total Depth | Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: |
| Commingled Permit #: | |
| Dual Completion Permit #: | Operator Name: |
| SWD Permit #: | Lease Name: License #: |
| ENHR Permit #: | QuarterSecTwpS. R East Wes |
| GSW Permit #: | County: Permit #: |
| Spud Date or Date Reached TD Completion Date or 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: | |