



KANSAS CORPORATION COMMISSION 1102783
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34434
Name: Edison Operating Company LLC
Address 1: 9427 E. Cross Creek
Address 2: _____
City: WICHITA State: KS Zip: 67206 +
Contact Person: David Withrow
Phone: (316) 613-1544
CONTRACTOR: License # 34233
Name: Maverick Drilling LLC
Wellsite Geologist: None
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: Sam Gary
Well Name: Williams #9-15
Original Comp. Date: 04/03/1987 Original Total Depth: 6256
 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 #: _____

<u>10/03/2012</u>	<u>10/09/2012</u>	<u>10/26/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-057-20203-00-01
Spot Description: _____
SW NE SW SE Sec. 9 Twp. 29 S. R. 22 East West
665 Feet from North / South Line of Section
1952 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ford
Lease Name: Williams Well #: 9-15
Field Name: _____
Producing Formation: NA
Elevation: Ground: 2490 Kelly Bushing: 2500
Total Depth: 6938 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 1158 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: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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: 11/30/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 12/03/2012