



KANSAS CORPORATION COMMISSION 1102290
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2008

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 # 31691
Name: Coral Coast Petroleum, L.C.
Address 1: 8100 E 22ND ST N
Address 2: BLDG 600, STE R
City: WICHITA State: KS Zip: 67226 +
Contact Person: Daniel M. Reynolds
Phone: (316) 269-1233
CONTRACTOR: License # 34233
Name: Maverick Drilling LLC
Wellsite Geologist: Keith Reavis
Purchaser: Plains Marketing
Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 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 #: _____

09/05/2012	09/19/2012	10/20/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-025-21545-00-00

Spot Description: _____

NE SW NW SE Sec. 16 Twp. 32 S. R. 21 East West
1720 _____ Feet from North / South Line of Section
2290 _____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Clark

Lease Name: Harden Well #: 1

Field Name: _____

Producing Formation: Viola

Elevation: Ground: 2108 Kelly Bushing: 2118

Total Depth: 6690 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 636 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: 20700 ppm Fluid volume: 1125 bbls

Dewatering method used: Evaporated

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: 11/21/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 11/30/2012