



KANSAS CORPORATION COMMISSION 1106468  
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 # 32819  
Name: Baird Oil Company LLC  
Address 1: 113 W MAIN  
Address 2: PO BOX 428  
City: LOGAN State: KS Zip: 67646  
Contact Person: Jim R. Baird  
Phone: (785) 689-7456  
CONTRACTOR: License # 33575  
Name: WW Drilling, LLC  
Wellsite Geologist: Richard Bell

Purchaser:  
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 #:

9/8/2012	9/14/2012	9/14/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No 15 - 15-137-20614-00-00  
Spot Description:  
NE SW NW NW Sec. 36 Twp. 3 S. R. 22  East  West  
765 Feet from  North /  South Line of Section  
415 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW

County: Norton  
Lease Name: KSM Ranch Well #: 1-36

Field Name:  
Producing Formation: D & A

Elevation: Ground: 2278 Kelly Bushing: 2283  
Total Depth: 3812 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 218 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: 1900 ppm Fluid volume: 500 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: 01/03/2013  
 Confidential Release Date:  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NAOMI JAMES Date: 01/04/2013