

CONFIDENTIAL**WELL COMPLETION FORM**
WELL HISTORY - DESCRIPTION OF WELL & LEASE**Form Must Be Typed**
Form must be Signed
All blanks must be Filled

OPERATOR: License # 34117
 Name: Eternity Exploration, LLC
 Address 1: 338 Spyglass Dr
 Address 2: _____
 City: Coppell State: TX Zip: 75019 + 5430
 Contact Person: Carlo A. Ugolini
 Phone: (469) 464-3849
 CONTRACTOR: License # 33575
 Name: WW Drilling, LLC
 Wellsite Geologist: W. Scott Alberg & Bruce Ard
 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 #: _____

<u>5/23/2012</u>	<u>5/31/2012</u>	<u>5/31/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-193-20851-00-00

Spot Description:
 NE SE SW SW Sec. 25 Twp. 10 S. R. 32 East West
450 Feet from North / South Line of Section
1000 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE NW SE SW

County: Thomas
 Lease Name: KD George Well #: 1-25
 Field Name: _____

Producing Formation: Mississippi
 Elevation: Ground: 3021 Kelly Bushing: 3026
 Total Depth: 4690 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 248 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: 2600 ppm Fluid volume: 1200 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: 08/03/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 12/28/2012