



KANSAS CORPORATION COMMISSION 1102104
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 # 34715
Name: Dorado E&P Partners, LLC
Address 1: 1401 17th ST., STE 1500
Address 2:
City: DENVER State: CO Zip: 80202 +
Contact Person: TINA MILLER
Phone: (720) 402-3693
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: CHRIS SPENCER, HEMBROS HYDROCARBONS
Purchaser: N/A

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.): Pilot Hole drilled, logged, cored, plugged back & kicked

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 #: _____

09/19/2012	09/27/2012	09/30/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-155-21592-00-00
Spot Description:
NE NW NW NW Sec. 4 Twp. 25 S. R. 9 East West
150 Feet from North / South Line of Section
450 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Reno
Lease Name: Toews Well #: 25-9-4
Field Name: _____
Producing Formation: None
Elevation: Ground: 1698 Kelly Bushing: 1710
Total Depth: 4137 Plug Back Total Depth: 3085
Amount of Surface Pipe Set and Cemented at: 250 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: 0 ppm Fluid volume: 0 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: 12/11/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 12/13/2012