



KANSAS CORPORATION COMMISSION 1104138  
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 # 32044  
Name: Trimble & MacLaskey Oil LLC  
Address 1: 110 SOUTH ST  
Address 2: PO BOX 171  
City: GRIDLEY State: KS Zip: 66852  
Contact Person: Randall L. Trimble  
Phone: ( 620 ) 836-2000  
CONTRACTOR: License # 32854  
Name: Gulick Drilling Co., Inc.  
Wellsite Geologist: Thomas E. Blair  
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 #:

08/23/2012	08/27/2012	11/01/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-111-20454-00-00

Spot Description:  
E2 NE SW NE Sec. 25 Twp. 21 S. R. 10  East  West  
3630 Feet from  North /  South Line of Section  
1485 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE  NW  SE  SW

County: Lyon  
Lease Name: Rossillon Well #: 10  
Field Name:

Producing Formation: Arbuckle  
Elevation: Ground: 1259 Kelly Bushing: 1267  
Total Depth: 2660 Plug Back Total Depth:  
Amount of Surface Pipe Set and Cemented at: 116 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: 12/07/2012  
 Confidential Release Date:  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NACMI JAMES Date: 12/13/2012