



KANSAS CORPORATION COMMISSION 1105025
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 # 34579
Name: Cobalt Energy LLC
Address 1: 115 S. BELMONT #12
Address 2: PO BOX 8037
City: WICHITA State: KS Zip: 67208 +
Contact Person: Nicholas D. Hess
Phone: (316) 201-4101
CONTRACTOR: License # 30606
Name: Murfin Drilling Co., Inc.
Wellsite Geologist: Corey Baker
Purchaser: NA

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>11/12/2012</u>	<u>11/19/2012</u>	<u>11/19/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-195-22821-00-00

Spot Description: _____
W2 SE SW NW Sec. 1 Twp. 11 S. R. 25 East West
2310 Feet from North / South Line of Section
970 Feet from East / West Line of Section

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

County: Trego

Lease Name: Terry 'A' Well #: 2-1

Field Name: _____

Producing Formation: NA

Elevation: Ground: 2413 Kelly Bushing: 2418

Total Depth: 4050 Plug Back Total Depth: 2108

Amount of Surface Pipe Set and Cemented at: 219 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: 41000 ppm Fluid volume: 700 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: _____

Operator Name: RL Investment, LLC

Lease Name: Pfeifer License #: 33268

Quarter SE Sec. 25 Twp. 10 S. R. 25 East West

County: Graham Permit #: 15-065-23746

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: 01/15/2013
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 01/15/2013