



KANSAS CORPORATION COMMISSION 1107665  
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 # 32044  
Name: Trimble & Maclasley 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  SLOW  
 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 #:  
09/17/2012 09/20/2012 11/09/2012  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-111-20458-00-00  
Spot Description:  
SW NE NW Sec. 25 Twp. 21 S. R. 10  East  West  
4290 Feet from  North /  South Line of Section  
3630 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Lyon  
Lease Name: Babinger Well #: 9  
Field Name:  
Producing Formation: Viola  
Elevation: Ground: 1261 Kelly Bushing: 1269  
Total Depth: 2645 Plug Back Total Depth:  
Amount of Surface Pipe Set and Cemented at: 119 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: 01/11/2013  
 Confidential Release Date:  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NAOMI JAMES Date: 01/14/2013