



**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 # **5259**  
Name: **Mai Oil Operations, Inc.**  
Address 1: **8411 PRESTON RD STE 800**  
Address 2:  
City: **DALLAS** State: **TX** Zip: **75225 + 5520**  
Contact Person: **Allen Bangert**  
Phone: ( **214** ) **219-8883**  
CONTRACTOR: License # **33350**  
Name: **Southwind Drilling, Inc.**  
Wellsite Geologist: **N/A**  
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: **Donald C. Slawson**

Well Name: **York "T"**

Original Comp. Date: **04/23/1983** Original Total Depth: **4631**  
 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 #:

**10/19/2012** **10/21/2012** **10/21/2012**  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - **15-101-20788-00-01**

Spot Description:  
**SE NW NW NE** Sec. **7** Twp. **17** S. R. **29** East  West  
**444** Feet from  North /  South Line of Section  
**2140** Feet from  East /  West Line of Section

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

County: **Lane**  
Lease Name: **York "T"** Well #: **1**

Field Name:  
Producing Formation: **Cherokee2**

Elevation: Ground: **2830** Kelly Bushing: **2839**  
Total Depth: **4631** Plug Back Total Depth: **4600**  
Amount of Surface Pipe Set and Cemented at: **472** Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: Feet  
If Alternate II completion, cement circulated from: **2187**  
feet depth to: **0** w/ **235** sx cmt.

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)

Chloride content: ppm Fluid volume: bbls  
Dewatering method used:

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: **01/18/2013**  
 Confidential Release Date:  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: **NAOMI JAMES** Date: **01/22/2013**