



KANSAS CORPORATION COMMISSION 1104698
 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 # 34434
 Name: Edison Operating Company LLC
 Address 1: 9427 E. Cross Creek
 Address 2: _____
 City: WICHITA State: KS Zip: 67206 +
 Contact Person: David Withrow
 Phone: (316) 613-1544
 CONTRACTOR: License # 4958
 Name: Mallard, J. V., Inc.
 Wellsite Geologist: Adam Kennedy
 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 #: _____
 09/29/2012 10/05/2012 12/28/2012
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 15-195-22779-00-00
 Spot Description: _____
N2 SE NE NW Sec. 1 Twp. 13 S. R. 21 East West
825 _____ Feet from North / South Line of Section
2310 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Trego
 Lease Name: Armbrister Well #: 1-1
 Field Name: _____
 Producing Formation: Arbuckle
 Elevation: Ground: 2180 Kelly Bushing: 2176
 Total Depth: 3900 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 260 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: 20000 ppm Fluid volume: 4800 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: 01/03/2013
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 01/11/2013