

API NO. 029-21054
 OTC PROD. UNIT NO. 029-125780

PLEASE TYPE OR USE BLACK INK ONLY
 NOTE: Attach copy of original 1002A if recompletion or reentry.

OKLAHOMA CORPORATION COMMISSION
 Oil & Gas Conservation Commission
 Post Office Box 52000
 Oklahoma City, Oklahoma 73152-2000
 Rule 165:10-3-25

Form 1002A
 Rev. 2007

PAGE 1 OF 3

907072002

X ORIGINAL
 AMENDED
 Reason Amended _____
 TYPE OF DRILLING OPERATION
 STRAIGHT HOLE _____ DIRECTIONAL HOLE _____ X HORIZONTAL HOLE
 SERVICE WELL _____

COMPLETION REPORT
 SPUD DATE 11/29/08
 DRLG FINISHED 1/25/09

640 Acres

LOCATE WELL

If directional or horizontal, see reverse for bottom hole location.
 COUNTY: COAL SEC 36 TWP 2N RGE 11E
 LEASE NAME: WOODRUFF WELL NO: 1-36
 SHL: NE 1/4 SE 1/4 SE 1/4 SW 1/4 FSL 350' FWL OF 1/4 SEC 2250'
 ELEVATION: Derrick Fl 642 Ground 618 Latitude if known 34° 35' 38.6" N Longitude if known 96° 6' 4.716" W
 OPERATOR NAME ST. MARY LAND & EXPLORATION CO. OTC/OCC OPER NO 21517

WELL COMPLETION 3/3/09
 1ST PROD DATE 2/27/09
 RECOMP DATE ---

ADDRESS 7060 S. YALE, #800
 CITY TULSA STATE OK ZIP 74136

COMPLETION TYPE
 X SINGLE ZONE
 MULTIPLE ZONE Application Date _____
 COMMINGLED Application Date _____
 LOCATION EXCEPTION ORDER NO. 559007
 INCREASED DENSITY ORDER NO. -

CASING & CEMENT (Form 1002C must be attached)					LOCATE WELL		
TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP
Conductor							
Surface	13 3/8	48#	H40	235		300	SURFACE
Intermediate	9 5/8	40#	N80	3568		465	SURFACE
Production	5 1/2	20#	P110	15324		1595 1710	8500
Liner							

PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____ TOTAL DEPTH 15339
 PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____

COMPLETION & TEST DATA BY PRODUCING 31AWDFD

FORMATION	WOODFORD	WOODFORD	WOODFORD	WOODFORD	WOODFORD	WOODFORD
SPACING & SPACING ORDER NUMBER	(640AC) 557894	(640AC) 557894	(640AC) 557894	(640AC) 557894	(640AC) 557894	(640AC) 557894
CLASS: Oil, Gas, Dry, Inj, disp, Comm Disp, svc	GAS	GAS	GAS	GAS	GAS	GAS
PERFORATED INTERVALS	14,845'-15,230'	14,596'-14,800'	14,346'-14,550'	14,096'-14,300'	13,846'-14,050'	13,596'-13,800'
ACID/VOLUME Fracture Treatment (Fluids/Prop Amounts)	701503 GL WATER 147200# SD	447746 GL WATER 70000# SD	491627 GL WATER 116900# SD	497379 GL WATER 122100# SD	508283 GL WATER 139600# SD	423367 GL WATER 140000# SD

Request minimum gas allowable (165:10-17-7) Gas Purchaser/Measurer _____ 1st Sales Date 2/27/09

INITIAL TEST DATA	2/17/09	2/17/09	2/18/09	2/18/09	2/19/09	2/19/09
INITIAL TEST DATE	2/17/09	2/17/09	2/18/09	2/18/09	2/19/09	2/19/09
OIL-BBL/DAY						
OIL-GRAVITY (API)						
GAS-MCF/DAY						
GAS-OIL RATIO CU FT/BBL						
WATER-BBL/DAY						
PUMPING OR FLOWING						
INITIAL SHUT-IN PRESSURE						
CHOKE SIZE						
FLOW TUBING PRESSURE						

A record of the formations drilled through, and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, which was prepared by me or under my supervision and direction, with the data and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.

Signature: *Kerin Todaro* NAME (PRINT OR TYPE) KERIN TODARO DATE 4/7/09 PHONE NUMBER (918) 488-7600
 ADDRESS 7060 S. YALE, #800 CITY TULSA STATE OK ZIP 74136 EMAIL ADDRESS _____

API NO. **029-21054**
 OTC PROD. UNIT NO. **029-125780**

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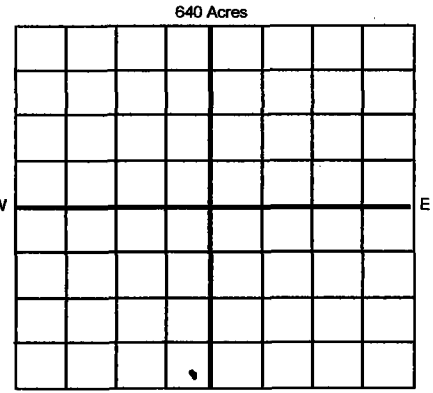
Form 1002A
 Rev. 2007

ORIGINAL
 AMENDED
 Reason Amended _____
 TYPE OF DRILLING OPERATION
 STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE
 SERVICE WELL

COMPLETION REPORT

If directional or horizontal, see reverse for bottom hole location.

COUNTY: COAL	SEC 36	TWP 2N	RGE 11E	SPUD DATE
LEASE NAME: WOODRUFF				DRLG FINISHED
WELL NO: 1-36				WELL COMPLETION
SHL: 1/4 1/4 1/4 1/4	FSL	FWL OF 1/4 SEC		1ST PROD DATE
ELEVATION: Ground	Latitude if known		Longitude if known	
OPERATOR NAME ST. MARY LAND & EXPLORATION CO.				OTC/OCC OPER NO: 21517
ADDRESS 7060 S. YALE, #800				
CITY TULSA	STATE OK	ZIP 74136		



COMPLETION TYPE

<input type="checkbox"/> SINGLE ZONE
<input type="checkbox"/> MULTIPLE ZONE Application Date
<input type="checkbox"/> COMMINGLED Application Date
LOCATION EXCEPTION ORDER NO.
INCREASED DENSITY ORDER NO.

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP
Conductor							
Surface							
Intermediate							
Production							
Liner							

LOCATE WELL

PACKER @ _____ BRAND & TYPE _____ PLUG@ _____ TYPE _____ PLUG@ _____ TYPE _____ TOTAL DEPTH _____
 PACKER @ _____ BRAND & TYPE _____ PLUG@ _____ TYPE _____ PLUG@ _____ TYPE _____

COMPLETION & TEST DATA BY PRODUCING **3AWDFD**

FORMATION	WOODFORD	WOODFORD	WOODFORD	WOODFORD	WOODFORD	WOODFORD
SPACING & SPACING ORDER NUMBER	(640AC) 557894	(640AC) 557894	(640AC) 557894	(640AC) 557894	(640AC) 557894	(640AC) 557894
CLASS: Oil, Gas, Dry, Inj. disp. Comm Disp. svc	GAS	GAS	GAS	GAS	GAS	GAS
PERFORATED INTERVALS	13,346'-13,550'	13,096'-13,300'	12,846'-13,050'	12,596'-12,800'	12,346'-12,550'	12,096'-12,300'
ACID/VOLUME Fracture Treatment (Fluids/Prop Amounts)	459422 GL WATER 148660# SD	471913 GL WATER 147200# SD	477977 GL WATER 145900# SD	464142 GL WATER 159700# SD	473894 GL WATER 143200# SD	500493 GL WATER 149300# SD

Request minimum gas allowable (165:10-17-7) _____ Gas Purchaser/Measurer _____ 1st Sales Date _____

INITIAL TEST DATE	2/19/09	2/20/09	2/20/09	2/20/09	2/20/09	2/21/09
OIL-BBL/DAY						
OIL-GRAVITY (API)						
GAS-MCF/DAY						
GAS-OIL RATIO CU FT/BBL						
WATER-BBL/DAY						
PUMPING OR FLOWING						
INITIAL SHUT-IN PRESSURE						
CHOKE SIZE						
FLOW TUBING PRESSURE						

A record of the formations drilled through, and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, which was prepared by me or under my supervision and direction, with the data and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.

SIGNATURE _____ NAME (PRINT OR TYPE) _____ DATE _____ PHONE NUMBER _____
 ADDRESS _____ EMAIL ADDRESS _____

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ORIGINAL
 AMENDED

COMPLETION REPORT

Reason Amended _____
TYPE OF DRILLING OPERATION
 STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE

SPUD DATE _____
DRLG FINISHED _____

640 Acres

If directional or horizontal, see reverse for bottom hole location.

COUNTY: COAL SEC 36 TWP 2N RGE 11E

WELL COMPLETION _____

LEASE NAME: WOODRUFF WELL NO: 1-36

1ST PROD DATE _____

SHL: 1/4 1/4 1/4 1/4 FSL FWL OF 1/4 SEC

RECOMP DATE _____

ELEVATION: Derrick Ft Ground Latitude if known

Longitude if known _____

OPERATOR NAME: ST. MARY LAND & EXPLORATION CO. OTC/OCC OPER NO: 21517

ADDRESS: 7060 S. YALE, #800

CITY: TULSA STATE: OK ZIP: 74136

LOCATE WELL grid with W and E axis

COMPLETION TYPE table with rows for SINGLE ZONE, MULTIPLE ZONE, COMMINGLED, LOCATION EXCEPTION ORDER NO., INCREASED DENSITY ORDER NO.

CASING & CEMENT (Form 1002C must be attached) table with columns for TYPE, SIZE, WEIGHT, GRADE, FEET, PSI, SAX, TOP

PACKER @ _____ BRAND & TYPE _____ PLUG@ _____ TYPE _____ PLUG@ _____ TYPE _____ TOTAL DEPTH _____

COMPLETION & TEST DATA BY PRODUCING 319WDFD

Table with columns for FORMATION (WOODFORD), SPACING & SPACING ORDER NUMBER ((640AC) 557894), CLASS (Oil, Gas, Dry, Inj. disp. Comm Disp. svc), PERFORATED INTERVALS (11,846'-12,050', 11,546'-11,800'), ACID/VOLUME (474540 GL WATER, 504109 GL WATER, 153300# SD, 156000# SD)

Request minimum gas allowable (165:10-17-7) Gas Purchaser/Measurer _____ 1st Sales Date _____

INITIAL TEST DATA table with rows for INITIAL TEST DATE (2/21/09, 3/23/09), OIL-BBL/DAY (0), OIL-GRAVITY (API) (---), GAS-MCF/DAY (3800), GAS-OIL RATIO CU FT/BBL (---), WATER-BBL/DAY (360), PUMPING OR FLOWING (FLOWING), INITIAL SHUT-IN PRESSURE (---), CHOKE SIZE (64/64"), FLOW TUBING PRESSURE (310)

A record of the formations drilled through, and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, which was prepared by me or under my supervision and direction, with the data and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.

SIGNATURE _____ NAME (PRINT OR TYPE) _____ DATE _____ PHONE NUMBER _____
ADDRESS _____ EMAIL ADDRESS _____

PLEASE TYPE OR USE BLACK INK ONLY
FORMATION RECORD

LEASE NAME WOODRUFF

WELL NO. 1-36

Give formation names and tops, if available, or descriptions and thickness of formations drilled through. Show intervals cored or drillstem tested.

NAME OF FORMATIONS	TOP
ATOKA	2986
WAPANUCKA	9026
CROMWELL	9949
CANEY	10543
WOODFORD	11328

FOR COMMISSION USE ONLY

ITD on file YES NO

APPROVED HC DISAPPROVED _____

7-8-09 2) Reject Codes _____

Was open hole logs run? yes no

Date last log was run 12/20/08

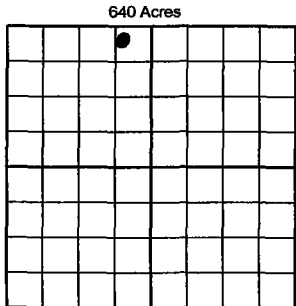
Was CO2 encountered? yes no at what depths? _____

Was H2S encountered? yes no at what depths? _____

Were unusual drilling circumstances encountered? Yes No

If yes, briefly explain: _____

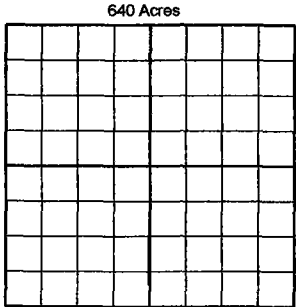
Other remarks: _____



If more than two drainholes are proposed, attach a separate sheet indicating the necessary information.

Direction must be stated in degrees azimuth. Please note, the horizontal drainhole and its end point must be located within the boundaries of the lease or spacing unit.

Directional surveys are required for all drainholes and directional wells.



BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

SEC	TWP	RGE	COUNTY
Spot Location 1/4 1/4 1/4 1/4			Feet From Quarter Section Lines FSL FWL
Measured Total Depth		True Vertical Depth	BHL From Lease, Unit or Property Line:

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

LATERAL #1

SEC	TWP	RGE	COUNTY
36	2N	11E	COAL
Spot Location NW 1/4 NE 1/4 NE 1/4 NW 1/4			Feet From Quarter Section Lines 2374' FSL 2199' FWL
Depth of Deviation 10391		Radius of Turn 775	Direction 359.4
Measured Total Depth 15339		True Vertical Depth 11079	Total Length 3889
End Pt Location From Lease, Unit or Property Line: 251 206' FWL			

LATERAL #2

SEC	TWP	RGE	COUNTY
Spot Location 1/4 1/4 1/4 1/4			Feet From Quarter Section Lines FSL FWL
Depth of Deviation		Radius of Turn	Direction
Measured Total Depth		True Vertical Depth	Total Length
End Pt Location From Lease, Unit or Property Line:			

LATERAL #3

SEC	TWP	RGE	COUNTY
Spot Location 1/4 1/4 1/4 1/4			Feet From Quarter Section Lines FSL FWL
Depth of Deviation		Radius of Turn	Direction
Measured Total Depth		True Vertical Depth	Total Length
End Pt Location From Lease, Unit or Property Line:			