



ARKANSAS OIL AND GAS

Submit Form To Appropriate District Office:

Fort Smith Regional Office
3309 Phoenix Avenue
Fort Smith, Arkansas 72903

El Dorado Regional Office
P. O. Box 11510
El Dorado, Arkansas 71731

FORM 3A
WELL FRACTURE STIMULATION REPORT

SECTION A - WELL DESCRIPTION - MUST BE COMPLETED
Permit No 44160, API No 03-2310447, Well Name Willingham 09-08, Section 31, Township T09N, Range R08W, County Cleburne, City Houston, State TX, Zip 77067, Phone 281-618-4700, Fax 281-618-4834, Email amy.johnson@swn.com

SECTION B - TREATMENT INTERVAL AND BASE FLUIDS USED
Table with columns: Interval Fractured, Max Pump Pressure measured at surface, Type of Base Fluid (water, recycled water, nitrogen, CO2, etc.), Volume of Base Fluid (6644 bbis, 2670 bbis, etc.)

SECTION C - LIST OF ADDITIVES USED (Include proppant as as additive)
Table with columns: General Additive Type per B-19 (k) (4), Specific Company Additive Name or Description, Concentration lbs/1000 gallons or gallons/1000 gallons, Actual Volume, Percent Volume of Total Fracture Treatment Volume

SECTION D - COMPILATION OF ALL CHEMICAL CONSTITUENTS OR CHEMICAL FAMILY NAME USED IN FRACTURE TREATMENT
Table with columns: CAS Number (Use the term "Trade Secret" if chemical constituent claim approved under B-19), Chemical Constituent Name (List chemical family name if trade secret claim approved under B-19 and attach a copy of approved Form 37). Add additional sheet(s) if necessary.

SECTION E - FRACTURE HEIGHT INFORMATION
Calculated Fracture Height Designed to be Achieved - Measured from Shallowest Perforation: 85'
Estimated TVD Measured at Top of Calculated Fracture Height: 4695'

CERTIFICATE
I declare under the penalties of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete
Golda L. Wheelock 5/9/2011
Golda L. Wheelock

RECEIVED
MAY 11 2011
ARKANSAS OIL & GAS COMMISSION
FORT SMITH, ARKANSAS