

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1083095

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

# WELL COMPLETION FORM

### WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ( )	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls
Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	
SWD         Permit #:	Lease Name: License #:
ENHR         Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date         Date Reached TD         Completion Date or Recompletion Date	

#### 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								
Confidential Release Date:								
Wireline Log Received     Geologist Report Received								
UIC Distribution								
ALT I II III Approved by: Date:								

	Side Two				
Operator Name:	Lease Name:	Well #:			
Sec TwpS. R East _ West	County:				

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)		Yes I	Yes No		-	n (Top), Depth and	d Datum Top	Sample	
Samples Sent to Geological Survey		Yes I			e			Datum	
Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy)		Yes I	10 10						
List All E. Logs Run:									
CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc.									
	1	Report all string	s set-conducto	r, surface, inte	ermediate, production	on, etc.	1	1	
Purpose of String			Veight bs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives		

#### ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives		
Protect Casing Plug Back TD						
Plug Off Zone						

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					e		Depth		
TUBING RECORD:	Size: Set At: Packer At:			Liner R	un:	No				
Date of First, Resumed Production, SWD or ENHR.			۲.	Producing I		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	tion Oil Bbls. Gas Mcf W		Wate	ər	Bbls.	Gas-Oil Ratio	Gravity			
			I							
DISPOSITION OF GAS: METHOD OF COMPL			OF COMPLE	TION:		PRODUCTION INTER	RVAL:			
Vented Sold Used on Lease				Open Hole Perf. Dually Comp. (Submit ACO-5)			Commingled (Submit ACO-4)			
(If vented, Submit ACO-18.)				Other (Specify)						