



Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to [kcc-well-logs@kcc.ks.gov](mailto:kcc-well-logs@kcc.ks.gov). Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.  
P.O. Box 129  
Liberal, Kansas 67905  
Phone 620-624-2277

FIELD SERVICE TICKET  
1717 02590 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>2-9-12</b> DISTRICT <b>1717</b>		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:							
CUSTOMER <b>Oxy</b>		LEASE <b>Elizabeth A Cox</b> <b>8</b>		WELL NO.					
ADDRESS		COUNTY <b>Haskell</b>		STATE <b>KS</b>					
CITY STATE		SERVICE CREW <b>J. Chavez,</b>							
AUTHORIZED BY <b>Jay Bentt</b>		JOB TYPE: <b>Z42 8 3/8 Sur Face</b>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
							<b>2-9-12</b>	<b>PM</b>	<b>-200</b>
<b>19820</b>	<b>10</b>	<b>19827</b>	<b>10</b>	<b>30464</b>	<b>10</b>	ARRIVED AT JOB	<b>2-9-12</b>	<b>AM</b>	<b>-400</b>
		<b>19566</b>	<b>2</b>	<b>37547</b>	<b>2</b>	START OPERATION	<b>2-9-12</b>	<b>AM</b>	<b>-1100</b>
<b>27462</b>	<b>10</b>					FINISH OPERATION	<b>2-9-12</b>	<b>AM</b>	<b>-115</b>
						RELEASED	<b>2-9-12</b>	<b>AM</b>	<b>-230</b>
						MILES FROM STATION TO WELL	<b>30</b>		

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: Kevin Thready  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL101	A-Con Island	SK	355		6231 00
CL110	Premium Plus Cement	SK	245		3993 50
CC109	Calcium Chloride	lb	1407		1477 35
CC102	Cello Flake	lb	145		536 50
CC130	C-51	lb	63		1575 00
CF253	Guide Shoe	EA	1		380 00
CF1453	Insert Float	EA	1		280 00
CF4405	Centralizer 8 3/8	EA	15		2175 00
CF4556	Cement Basket 8 3/8	EA	1		1050 00
CF3000	Thread Lock Kit	EA	12		408 00
CF105	Rubber Plug	EA	1		225 00
CF4109	Stop Collar	EA	1		100 00
E101	Heavy Equipment Mileage	mi	90		630 00
CE240	Blending & Mixing Charge	SK	580		812 00
E113	Bulk Delivery	tn	819		1310 40
CE202	Depth Charge	4hrs	1		1500 00
CE504	Plus Container Charge	job	1		250 00
E100	Pickup Mileage	mi	30		127 50
5003	Service Support				175 00

AP LOCATION/DEPT. LIBERAL  D02  NON D02

LEASE/WELL/FAC Elizabeth A. Cox #8 SUB TOTAL **17845 23**

MAXIMO / WSM # \_\_\_\_\_

TASK 010 SERVICE & EQUIPMENT ELEMENT 302 %TAX ON \$ 2

PROJECT # MIE 207 CAPEX  OPEX  Circle one %TAX ON \$ \_\_\_\_\_

SPO / BPA \_\_\_\_\_ UNSUPPORTED

PRINTED NAME Kevin Thready TOTAL \_\_\_\_\_

SIGNATURE: Kevin Thready  
I certify that these Services/Materials have been received

CHEMICAL / ACID DATA:			

SERVICE REPRESENTATIVE Ismael Chavez THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Kevin Thready

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)





# Cement Report

Customer <i>Oxy</i>		Lease No.		Date <i>2-9-11</i>	
Lease <i>Elizabeth A. Cox</i>		Well # <i>8</i>		Service Receipt <i>2590</i>	
Casing <i>8 5/8 24#</i>	Depth <i>1791'</i>	County <i>Haskeell</i>		State <i>KS</i>	
Job Type <i>242 Surface</i>		Formation		Legal Description <i>8-30-33</i>	
Pipe Data			Perforating Data		Cement Data
Casing size <i>8 5/8 24#</i>	Tubing Size		Shots/Ft		Lead <i>335sk A-Com</i>
Depth <i>1795</i>	Depth <i>53.44'</i>	From	To		<i>2.4ft 3-sk</i>
Volume <i>111.5 bbls</i>	Volume	From	To		<i>14.6 gal-sk 12.1#</i>
Max Press <i>2000</i>	Max Press	From	To		Tail in <i>245sk Prem</i>
Well Connection <i>8 5/8</i>	Annulus Vol.	From	To		<i>1.34 ft 3-sk Cmt</i>
Plug Depth <i>1746</i>	Packer Depth	From	To		<i>6.33 Gal-sk 14.8#</i>
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1600</i>					<i>Arrive On location</i>
<i>1610</i>					<i>Safety Meeting - Rig Up</i>
<i>1800</i>					<i>Rig Pumping Casing</i>
<i>2200</i>					<i>Circulate w/Rig</i>
<i>2315</i>					<i>Hook Up To BES</i>
<i>2320</i>	<i>2500</i>		<i>1.0</i>	<i>1.0</i>	<i>Pressure Test</i>
<i>2325</i>	<i>250</i>		<i>143</i>	<i>5.0</i>	<i>Pump Lead cmt @ 12.1 #</i>
<i>2350</i>	<i>200</i>		<i>59</i>	<i>4.5</i>	<i>Pump Tail cmt @ 14.8 #</i>
<i>1205</i>					<i>Drop Plug - Wash Up</i>
<i>1210</i>	<i>400</i>		<i>101</i>	<i>5.1</i>	<i>Displace</i>
<i>1230</i>	<i>1000</i>		<i>10</i>	<i>2.0</i>	<i>Slow Down - Displace</i>
<i>1235</i>	<i>1500</i>		<i>.1</i>		<i>Land Plug Float Held</i>
<i>105</i>					<i>TEST Casing - 30min Passed</i>
					<i>Job Complete</i>
					<i>Thanks For Using Basic Energy Services</i>
Service Units	<i>19820</i>	<i>27482</i>	<i>19827-19564</i>	<i>30464-31547</i>	
Driver Names	<i>J. Omar</i>	<i>Eddie</i>	<i>Victor</i>	<i>David</i>	

*Jeff RLB*  
Customer Representative

*Sony Barta*  
Station Manager

*Samuel Chaur*  
Cementer



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.  
P.O. Box 129  
Liberal, Kansas 67905  
Phone 620-624-2277

FIELD SERVICE TICKET  
1717 02672 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB: <u>3/13/12</u>	DISTRICT: <u>1717</u>	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:
CUSTOMER: <u>Oxy USA</u>		LEASE: <u>Elizabeth A Cox #8</u>				WELL NO.:	
ADDRESS:		COUNTY: <u>Haskell</u>		STATE: <u>Ks</u>			
CITY:		STATE:		SERVICE CREW: <u>Royce, Victor, Saul</u>			
AUTHORIZED BY: <u>Tyce</u>		JOB TYPE: <u>Whipstock Plug 342</u>					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE: <u>3/13/12</u> TIME: <u>8:00</u>
<u>19885</u>	<u>5</u>					ARRIVED AT JOB	<u>11:10</u>
<u>37223 37426</u>	<u>5</u>					START OPERATION	<u>4:54</u>
<u>14354 14284</u>	<u>5</u>					FINISH OPERATION	<u>5:34</u>
						RELEASED	<u>6:30</u>
						MILES FROM STATION TO WELL	<u>30</u>

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: [Signature]  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CL100	Stemdm	SK	205	12.00	2460.00
CL112	Compt Friction Reducer	lb	97	4.50	436.50
SU152	Progel 250	EA	567	19	107.73
E101	Heavy Equip Mileage	MF	60	5.25	315.00
CE240	Blending & Mixing Charge	MF	205	1.05	215.25
E113	Bulk Delivery Charge	MF	287.5	1.20	347.40
E110	Pickup Mileage	MF	30	3.19	95.70
S003	Service Supp	EA	1		131.25
TL105	Cement Deacquisition	EA	1		412.50

AP LOCATION/DEPT: Libecap  D02  NON D02  
 LEASE/WELL/FAC: Elizabeth A. Cox #8  
 MAXIMO / WSM # \_\_\_\_\_  
 TASK: 0102 ELEMENT: 3023  
 PROJECT # 1136204 CAPEX / OPEX - Circle one  
 SPO / BPA  UNSUPPORTED   
 PRINTED NAME: Jeff Cull  
[Signature]

SUB TOTAL 5871.33

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: <u>Chad Hinz</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
Liberal, Kansas

### Cement Report

Customer <i>Oxy USA</i>		Lease No.		Date <i>3/13/12</i>	
Lease <i>Elizabeth A. Cox</i>		Well # <i>8</i>		Service Receipt	
Casing	Depth	County <i>Haskell</i>		State <i>KS</i>	
Job Type <i>Whipstock Plug</i>	Formation		Legal Description <i>8-30-33</i>		
<b>Pipe Data</b>			<b>Perforating Data</b>		<b>Cement Data</b>
Casing size	Tubing Size <i>4 1/2 2 7/8</i>		<b>Shots/Ft</b>		<b>Lead</b> <i>205 SK #</i>
Depth	Depth <i>2672</i>		From	To	<i>50% CFR @ 17#</i>
Volume	Volume		From	To	<i>199 gal @ 380 gal</i>
Max Press <i>500</i>	Max Press		From	To	<b>Tail in</b>
Well Connection <i>Drill Pin</i>	Annulus Vol.		From	To	
Plug Depth	Packer Depth		From	To	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>01:10</i>					<i>on loc. spot trucks, R.V. Supply, etc.</i>
<i>04:57</i>	<i>110</i>		<i>10</i>	<i>3</i>	<i>Pump Gel Spacer</i>
<i>05:07</i>	<i>100</i>		<i>0</i>	<i>3</i>	<i>Start Mixing @ 17#</i>
<i>05:19</i>	<i>20</i>		<i>36</i>	<i>3</i>	<i>Finish mixing</i>
<i>05:19</i>	<i>10</i>		<i>4</i>	<i>3</i>	<i>on Gel spacer</i>
<i>05:20</i>	<i>10</i>		<i>0</i>	<i>3</i>	<i>on Mud</i>
<i>05:28</i>	<i>0</i>		<i>25</i>	<i>-</i>	<i>Shut down, TOOTH</i>
<i>05:34</i>					<i>Washup PTL</i>
					<i>Job Complete</i>
Service Units <i>194558</i>		<i>3722337426</i>		<i>1435014284</i>	
Driver Names <i>Chinz</i>		<i>R. Olds</i>		<i>V. Vasquez</i>	
				<i>S. Rodriguez</i>	

*Jeff Coill*  
Customer Representative

*Sunny Bennett*  
Station Manager

*Chad Chinz*  
Cementer

### Summary of Changes

Lease Name and Number: ELIZABETH A. COX 8

API/Permit #: 15-081-21972-00-00

Doc ID: 1096466

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Additional Type And Percent Additive		CEMENT STINGER (SEE ATTACHED WHIPSTOCK CEMENT
Approved Date	06/07/2012	10/09/2012
CasingAdd_Type_PctP DF_2	SEE ATTACHED	
CasingNumbSacksUse dPDF_2	255	
CasingPurposeOfString PDF_2	PRODUCTION	
CasingSettingDepthPD F_2	5750	
CasingSizeCasingSetP DF_2	5.5	
CasingSizeHoleDrilledP DF_2	7.875	
CasingTypeOfCementP DF_2	50/50 POZ	
CasingWeightPDF_2	17	



Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Cementing Purpose Plug Back TD	No	Yes
CementingDepth1_PDF	-	2675-3285
CementingDepthBase1		3285
CementingDepthTop1		2675
Completion Or Recompletion Date	04/17/2012	03/13/2012
Completion Type - Other Text		ORIGINAL WELLBORE FOR SIDETRACK
Date Reached TD	03/18/2012	02/12/2012
Date of First or Resumed Production or SWD or Enhr Electric Log Run?	04/17/2012 Yes	No
Electric Log Submitted Electronically?	Yes	
Elogs_PDF	Attached	
Formation Top Source - Log	Yes	No
Method Of Completion - Commingled	Yes	No

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Method Of Completion - Perf	Yes	No
Number Of Sacks Used for Cementing / Squeezing- Line 1		205
Perf_Depth_1	5580-5588	
Perf_Depth_2	4611-4619	
Perf_Material_1	800 GAL 15% DS FE MCA FLUSH 996 GAL 4% KCL	
Perf_Material_2	800 GAL 15% DS FE MCA FLUSH 840 GAL 4% KCL	
Perf_Record_1	5580-5588 ST. LOUIS	
Perf_Record_2	4611-4619 KANSAS CITY	
Perf_Shots_1	4	
Perf_Shots_2	4	
Plug Back Total Depth	5672	2672
Producing Formation	KANSAS CITY & ST. LOUIS	N/A
Producing Method Pumping	Yes	No

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Production - Barrels Oil	40	
Production - Barrels of Water	208	
Production - Gas-Oil Ratio	0	
Production - MCF Gas	0	
Production Interval #1	KANSAS CITY	
Production Interval #2	ST. LOUIS	
Samples Sent To KGS?	Yes	No
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1083334	../../../../kcc/detail/operatorEditDetail.cfm?docID=1096466
TopsDatum1	Attached	
TopsDepth1	Attached	
TopsName1	Attached	SEE ACO-1 FOR 15-081-21972-01-00
Total Depth	5755	3285
Tubing Record - Set At	5642	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Tubing Size	2.375	
Type Of Cement Used for Cementing / Squeezing - Line 1		CLASS H
Well Type	OIL	OTHER

## Summary of Attachments

Lease Name and Number: ELIZABETH A. COX 8

API: 15-081-21972-00-00

Doc ID: 1096466

Correction Number: 1

Attachment Name

Elizabeth A. Cox #8 Surface Cement

Elizabeth A. Cox #8 Whipstock Cement



**CONFIDENTIAL**

**WELL COMPLETION FORM**

**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

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: \_\_\_\_\_

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 #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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: \_\_\_\_\_ 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: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_