

CONFIDENTIAL WELL COMPLETION FORM

1126556

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

## WELL COMPLETION FORM

		WEIL &	
**		WLLL Q	LLASL

OPERATOR: License #	API No. 15		
Name:	Spot Description:		
Address 1:			
Address 2:	Feet from North / South Line of Section		
City: State: Zip:+	Feet from East / 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:		
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:	Amount of Surface Pipe Set and Cemented at:  Feet    Multiple Stage Cementing Collar Used?  Yes    If yes, show depth set:  Feet    If Alternate II completion, cement circulated from:  feet depth to:    w/  sx cmt		
Operator:			
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    Conv. to GSW  Original Total Depth  Original Total Depth  Original Total Depth    Plug Back:  Plug Back:  Plug Back Total Depth    Dual Completion  Permit #:  Permit #:    SWD  Permit #:  Permit #:    ENHR  Permit #:  GSW	Chloride content: ppm  Fluid volume: bbls    Dewatering method used:		
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			
Date:			
Confidential Release Date:			
Wireline Log Received			
Geologist Report Received			
UIC Distribution			
ALT I II III Approved by: Date:			