

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:			