

CONFIDENTIAL COMPLETION COMMISSION

CONFIDENTIAL COMPLETION FORM

1136710

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:	SecTwpS. R
Address 2:	Feet from North / South Line of Sectio
City:	Feet from
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
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.):	Amount of Surface Pipe Set and Cemented at: Fee  Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	feet depth to:w/sx cm
Operator:	Drilling Fluid Management Plan
Original Comp. Date: Original Total Depth:  Deepening Re-perf. Conv. to ENHR Conv. to SWD  Conv. to GSW	(Data must be collected from the Reserve Pit)  Chloride content: ppm Fluid volume: bbl  Dewatering method used:
☐ Plug Back:	Location of fluid disposal if hauled offsite:  Operator Name: License #:
☐ ENHR Permit #:	Quarter Sec. Twp. S. R. East Wes
Spud Date or Date Reached TD Completion Date or	

## **AFFIDAVIT**

Recompletion Date

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** 

Recompletion Date

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:	