## KOLAR Document ID: 1422107

Confidentiality Requested:

Yes No

## KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

Form ACO-1 January 2018 Form must be Typed Form must be Signed All blanks must be Filled

$\overline{\mathbf{a}}$			- N I'	ΤΙΛΙ					
	UN	IDt	=IN	TIAL	WELL	. COMPL	ETION	I FORM	
_						- DESCRIF	<b>TION O</b>	F WELL 8	

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	SecTwpS. R East West
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 #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
	Field Name:
New Well Re-Entry Workove	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas DH EOR	Total Vertical Depth: Plug Back Total Depth:
OG GSW	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Co	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Co	Inv. to Producer (Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion         Permit #:           SWD         Permit #:	
EOR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion	Quarter Sec. Twp. S. R. East West
Recompletion Date Reached TD Recompletion	

## 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							
Confidentiality Requested							
Date:							
Confidential Release Date:							
Wireline Log Received Drill Stem Tests Received							
Geologist Report / Mud Logs Received							
UIC Distribution							
ALT I II III Approved by: Date:							