KOLAR Document ID: 1672799

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

WELL COMPLETION FORM

| | OIL & GAS CONSERVATION DIVISION |
|--------------|---------------------------------------|
| CONFIDENTIAL | WELL COMPLETION FORM |
| | HISTORY - DESCRIPTION OF WELL & LEASE |

| OPERATOR: License # | API No.: |
|---|---|
| Name: | Spot Description: |
| Address 1: | |
| Address 2: | Feet from Dorth / 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.xxxx) |
| Wellsite Geologist: | Datum: NAD27 NAD83 WGS84 |
| Purchaser: | County: |
| Designate Type of Completion: | Lease Name: Well #: |
| New Well Re-Entry Workover | Field Name: |
| | Producing Formation: |
| | Elevation: Ground: Kelly Bushing: |
| Gas DH EOR | Total Vertical Depth: Plug Back Total Depth: |
| OG GSW CM (Coal Bed Methane) | Amount of Surface Pipe Set and Cemented at: Feet |
| 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 Conv. to SWD | Deilling Florid Management Disc |
| Plug Back Liner Conv. to GSW Conv. to Producer | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) |
| | Chloride contents ppm Elvid volumes hblo |
| Commingled Permit #: | Chloride content: ppm Fluid volume: bbls |
| Dual Completion Permit #: | Dewatering method used: |
| SWD Permit #: | Location of fluid disposal if hauled offsite: |
| EOR Permit #: | Operator Name: |
| GSW Permit #: | License #: |
| | Quarter Sec TwpS. R East West |
| Spud Date orDate Reached TDCompletion Date orRecompletion DateRecompletion Date | 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 | |
|---|--|
| 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: | |