KOLAR Document ID: 1671801

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

OPERATOR: License #		API No.:	
Name:		Spot Description:	
Address 1:		SecTwpS	S. R East West
Address 2:		Feet from North / South Line of Section	
City: State:	Zip:+	Feet from Eas	st / West Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:	
Phone: ()		□NE □NW □SE □SW	
CONTRACTOR: License #		GPS Location: Lat:, Long:	
Name:		(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84	
Purchaser:		County:	
Designate Type of Completion:		Lease Name:	Well #:
New Well Re-Entry Workover		Field Name:	
		Producing Formation:	
☐ Oil ☐ WSW ☐ SWD ☐ Gas ☐ DH ☐ EOR ☐ OG ☐ GSW		Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth:	
		CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	
If Workover/Re-entry: Old Well Info as follows:		If yes, show depth set:	
Operator:		If Alternate II completion, cement circulated from:	
Well Name:		feet depth to:w/sx cmt.	
		w/	3x cmt.
Original Comp. Date: Origina			
☐ Deepening ☐ Re-perf. ☐ Conv. to ☐ Plug Back ☐ Liner ☐ Conv. to		Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)	
Flug back Line Conv. to	GOW Conv. to Froducer		
Commingled Permit #:_		Chloride content:ppm Flui	
Dual Completion Permit #: _		Dewatering method used:	
SWD Permit #: _		Location of fluid disposal if hauled offsite:	
EOR Permit #: _		Operator Name	
GSW Permit #: _		Operator Name:	
		Lease Name: Lice	
Spud Date or Date Reached TD	Completion Date or	QuarterSecTwpS.	
Recompletion Date	Recompletion 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 Approved by: Date:		