KOLAR Document ID: 1713204

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. R □East □ West                                  |
| Address 2:  | Feet from  |
| City: State: Zip:+  | Feet from East / 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:  |
| ☐ Oil ☐ WSW ☐ SWD   | Producing Formation:                                     |
| Gas DH EOR  | Elevation: Ground: Kelly Bushing:                        |
| ☐ OG ☐ GSW  | Total Vertical Depth: Plug Back Total Depth:             |
| 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              | Drilling Fluid Management Plan                           |
| ☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. 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 #: | Location of fluid disposal if hauled offsite:            |
| GSW Permit #:   | Operator Name:   |
|   | Lease Name: License #:                                   |
| Spud Date or Date Reached TD Completion Date or           | Quarter Sec TwpS. R                                      |
| 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 III Approved by: Date:                     |  |