KOLAR Document ID: 1715509

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:                                                            |                       |                                                          |                |                                              |
| 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: ()                                                             |                       | □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                                         | Well #:        |                                              |
| New Well Re-Entry Workover                                            |                       | Field Name:                                              |                |                                              |
| ☐ Oil ☐ WSW ☐ SWD ☐ Gas ☐ DH ☐ EOR ☐ OG ☐ GSW ☐ CM (Coal Bed Methane) |                       | Producing Formation: Kelly Bushing:                      |                |                                              |
|                                                                       |                       |                                                          |                | Total Vertical Depth: Plug Back Total Depth: |
|                                                                       |                       | 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)            |                |                                              |
| Demoit #                                                              |                       | Chloride content:ppm Fluid volume: _                     | bbls           |                                              |
| _                                                                     |                       | Dewatering method used:                                  |                |                                              |
| ☐ Dual Completion Permit #:                                           |                       | Location of fluid disposal if hauled offsite:            |                |                                              |
|                                                                       |                       | ·                                                        |                |                                              |
|                                                                       |                       | Operator Name:                                           |                |                                              |
|                                                                       |                       | Lease Name: License #:                                   |                |                                              |
| Spud Date or Date Reached TD Completion Date or                       |                       | QuarterSecTwpS. 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 III Approved by: Date:                    |  |  |  |