KOLAR Document ID: 1717311

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

Name:	
Feet from   North /   South Li	
City: State: Zip:	∃ast
Contact Person:	ne of Section
Phone: ()         NE NW SE SW           CONTRACTOR: License #	ne of Section
CONTRACTOR: License #	
Name:	
Name:	
Wellsite Geologist:	xxx.xxxxx)
Purchaser:	
Designate Type of Completion:	_
New Well Re-Entry Workover Field Name:	
Producing Formation:	
Gas DH EOR	
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:	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:	
SWD Permit #: Location of fluid disposal if hauled offsite:	
EOR Permit #:	
GSW Permit #: Operator Name:	
Lease Name: License #:	
Spud Date or Date Reached TD Completion Date or Quarter Sec. Twp. S. R	East 🗌 West
Recompletion Date Recompletion Date Countv: 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: