KOLAR Document ID: 1719379

Confidentiality Requested:

CONFIDENTIAL

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

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	S. R East West
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 #	
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	
Purchaser:	
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry	Workover Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD □ Gas □ DH □ EOR	Elevation: Ground: Kelly Bushing:
	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.):	
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	
Well Name:	
Original Comp. Date: Original Total	
Deepening Re-perf. Conv. to EOR	
	Conv. to SWD Drilling Fluid Management Plan Conv. to Producer (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
	Location of fluid disposal if hauled offsite:
	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD C	Quarter Sec TwpS. R East West
Recompletion Date R	ecompletion 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:	