## KOLAR Document ID: 1715283

Confidentiality Requested:

CONFIDENTIAL

Yes No

## 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:		
Address 2:		Feet from  North /  South Line of Section
City: State: Zip:+		Feet from Deast / West Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Phone: ()		
CONTRACTOR: License #		GPS Location: Lat:, Long:
Name:		(e.g. xx.xxxx) (e.gxxx.xxxx)
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         Gas       DH       EOR         OG       GSW         CM (Coal Bed Methane)		Producing Formation:
		Elevation: Ground: 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: Origi	inal Total Depth:	
Deepening Re-perf. Conv	v. to EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv	v. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #	ŧ	Chloride content: ppm Fluid volume: bbls
	•	Dewatering method used:
	:	Location of fluid disposal if hauled offsite:
EOR Permit #	:	
GSW Permit #	t:	Operator Name:
		Lease Name: License #:
Spud Date or Date Reached TD	Completion Date or	Quarter Sec TwpS. R East West
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:		