## KOLAR Document ID: 1726264

Confidentiality Requested:

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

| CONFIDENTIAL | WELL COMPLETION FORM                             |
|--------------|--|
|              | <b>HISTORY - DESCRIPTION OF WELL &amp; LEASE</b> |

| OPERATOR: License #                                       | API No.:   |
|---|--|
| Name:   | Spot Description:  |
| Address 1:  | Sec TwpS. 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 #                                     | 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:  |
|   | Producing Formation:                                     |
|   | Elevation: Ground: Kelly Bushing:                        |
| Gas DH EOR  | Total Vertical Depth: Plug Back Total Depth:             |
|   | Amount of Surface Pipe Set and Cemented at: Feet         |
| CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): | Multiple Stage Cementing Collar Used? Yes No             |
|   | If yes, show depth set: Feet                             |
| If Workover/Re-entry: Old Well Info as follows:           | If Alternate II completion, cement circulated from:      |
| Operator:   |  |
| 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)            |
| Commingled Permit #:                                      | Chloride content: ppm Fluid volume: bbls                 |
| Dual Completion     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                       | 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:                 |  |