KOLAR Document ID: 1761521

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

	WELL COMPLETION FORM
WELL	HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #			API No.:		
Name:			Spot Description:		
Address 1:					
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 #:		
	Entry (Morkovar	Field Name:		
New Well Re	-Entry	Workover	Producing Formation:		
Oil WSW SWD			Elevation: Ground: Kelly Bushing:		
Gas DH	EOR			Plug Back Total Dept	
☐ OG ☐ GSW			Amount of Surface Pipe Set and Cemented at: Feet		
CM (Coal Bed Methane)					
Cathodic Other (Core			Multiple Stage Cementing Collar Used?		
If Workover/Re-entry: Old Well In	fo as follows:		If yes, show depth set: Feet		
Operator:			If Alternate II completion, cement circulated from:		
Well Name:			feet depth to:w/		
Original Comp. Date:	Original To	otal Depth:			
Deepening Re-perf.	Conv. to E	OR Conv. to SWD	Drilling Fluid Manageme	ent Plan	
Plug Back Liner	Conv. to G	SW Conv. to Producer	(Data must be collected from	the Reserve Pit)	
	Damait #		Chloride content:	ppm Fluid volume:	bbls
Commingled Dual Completion			Dewatering method used	:	
			Location of fluid disposal if hauled offsite:		
			Operator Name:		
			Lease Name:	License #:	
Spud Date or Date Rea	ached 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:		