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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:							
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:, (e.gxxx.xxxxx)				
Name:			Datum: NAD27				
Wellsite Geologist:							
Purchaser:			County:				
Designate Type of Completion:			Lease Name: Well #:				
New Well Re-Entry Workover Oil WSW SWD Gas DH EOR OG GSW CM (Coal Bed Methane)			Field Name: Producing Formation: Elevation: Ground: Kelly Bushing:				
					Total Vertical Depth: Plug Back Total Depth: Amount of Surface Pipe Set and Cemented at: Feet		
			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:	Original To	otal Depth:					
Deepening Re-perf. Conv. to EOR Conv. to SWD			Drilling Fluid Manageme	nt Plan			
Plug Back Liner	Conv. to G	SW Conv. to Producer	(Data must be collected from				
Commingled	Permit #·		Chloride content:	ppm Fluid volume:bbls			
Dual Completion Permit #: SWD Permit #:			Dewatering method used:				
		Location of fluid disposal if hauled offsite:					
				GSW	Permit #:		
				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:				