

CONFIDENTIAL WELL COMPLETION FORM

1111847

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

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WELL HISTORY	- DESCI	RIPTION	OF V	VELL &	LEASE

OPERATOR: License #	API No. 15			
Name:	Spot Description:			
Address 1:				
Address 2:	Feet from North / South Line of Section			
City: State: Zip:+	Feet from Cast / West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()				
CONTRACTOR: License #	County:			
Name:	Lease Name: Well #:			
Wellsite Geologist:	Field Name:			
Purchaser:	Producing Formation:			
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:			
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:			
	Amount of Surface Pipe Set and Cemented at: Feet			
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No			
OG GSW Temp. Abd.	If yes, show depth set: Feet			
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:			
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt			
If Workover/Re-entry: Old Well Info as follows:				
Operator:	Drilling Fluid Management Plan			
Well Name:	(Data must be collected from the Reserve Pit)			
Original Comp. Date: Original Total Depth:	Chloride content: ppm Fluid volume: bbls			
Deepening Re-perf. Conv. to ENHR Conv. to SWD				
Conv. to GSW	Dewatering method used:			
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:			
Commingled Permit #:	Operator Name:			
Dual Completion Permit #:	Lease Name: License #:			
SWD Permit #:				
ENHR Permit #:	Quarter Sec TwpS. R East West			
GSW Permit #:	County: Permit #:			
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date				

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				
Letter of Confidentiality Received				
Date:				
Confidential Release Date:				
Wireline Log Received				
Geologist Report Received				
UIC Distribution				
ALT I II III Approved by: Date:				
ALT I II III Approved by: Date:				