

CONFIDENTIAL KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM 1112676

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

## WELL COMPLETION FORM

NELL HISTOF	RY - DESCRIP	TION OF WELL	& 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 East / 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:	
Oil       WSW       SWD       SIOW         Gas       D&A       ENHR       SIGW         OG       GSW       Temp. Abd.         CM (Coal Bed Methane)       Cathodic       Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?	
If Workover/Re-entry: Old Well Info as follows:		
Operator:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)	
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls 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 #:	Quarter Sec TwpS. R East West	
ENHR         Permit #:           GSW         Permit #:	County: Permit #:	
Spud Date or Recompletion Date         Date Reached TD         Completion Date or 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 Approved by: Date:		