

CONFIDENTIAL WELL COMPLETION FORM

1112556

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

## WELL COMPLETION FORM

WELL	HISTORY -	DESCRIPTION	OF WELL 8	LEASE
				LEADE

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