

CONFIDENTIAL WELL COMPLETION FORM

1116876

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	& I FASE
		- DESCRIFTION		a LLASL

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:		
Oil       WSW       SWD       SIOW         Gas       D&A       ENHR       SIGW         OG       GSW       Temp. Abd.         CM (Coal Bed Methane)       Cathodic       Other (Core, Expl., etc.):         If Workover/Re-entry:       Old Well Info as follows:	Amount of Surface Pipe Set and Cemented at:       Feet         Multiple Stage Cementing Collar Used?       Yes       No         If yes, show depth set:       Feet         If Alternate II completion, cement circulated from:       feet depth to:       w/		
Operator:			
Well Name:	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       Plug Back:       Plug Back Total Depth         Commingled       Permit #:       Permit #:         Dual Completion       Permit #:       Permit #:         SWD       Permit #:       Permit #:         GSW       Permit #:       Permit #:	Chloride content:      ppm       Fluid volume:      bbls         Dewatering method used:       bbls         Location of fluid disposal if hauled offsite:          Operator Name:		
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				
Confidential Release Date: Wireline Log Received				
Geologist Report Received				
ALT I II III Approved by: Date:				