

CONFIDENTIAL KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1101100

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 & | & 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 Wo | orkover | Total Depth: Plug Back Total Depth: | | |
| Oil WSW SWD Gas D&A ENHR OG GSW CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): | SIOW SIGW Temp. Abd. | Multiple Stage Cementing C If yes, show depth set: If Alternate II completion, ce | and Cemented at: Feet ollar Used? Yes 	_ No Feet ment circulated from: | |
| If Workover/Re-entry: Old Well Info as follows: | | feet depth to: | w/sx cmt. | |
| Operator: | | Drilling Fluid Management (Data must be collected from the | | |
| Original Comp. Date: Original Total Dep | oth: | Chloride content: | ppm Fluid volume: bbls | |
| Plug Back: Plug Back | Total Depth | Location of fluid disposal if h | auled offsite: | |
| Commingled Permit #: | | Operator Name: | | |
| Dual Completion Permit #: | | Lease Name: | License #: | |
| SWD Permit #: | | | S. R 🗌 East 🗌 West | |
| ENHR Permit #: | | | Permit #: | |
| GSW Permit #: | | | | |
| · · · | pletion Date or mpletion 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: | | | | |