

CONFIDENTIAL WELL COMPLETION FORM

1109913

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

## WELL COMPLETION FORM

| VVELL | <b>HISIURI</b> | - DESCRIP | WELL Q | LEASE |
|-------|----------------|-----------|--------|-------|

| OPERATOR: License #                          |  | API No. 15   |                |  |
|--|--|--|----------------|--|
| Name:  |  | Spot Description:  |                |  |
| Address 1:                                   |  |  |                |  |
| Address 2:                                   |  | Feet from North / South Line of Section                  |                |  |
| City: State                                  | e: Zip:+                                       | Feet from Fast / West Li                                 | ine of Section |  |
| Contact Person:                              | ·  | Footages Calculated from Nearest Outside Section Corner: |                |  |
|  |  |  |                |  |
| ( , , , , , , , , , , , , , , , , , , ,      |  | County:  |                |  |
|  |  | Lease Name: Well #:                                      |                |  |
|  |  | Field Name:  |                |  |
| -  |  |  |                |  |
|  |  | Producing Formation:                                     |                |  |
| Designate Type of Completion:                |  | Elevation: Ground: Kelly Bushing:                        |                |  |
| New Well Re-Er                               | ntry Workover                                  | Total Depth: Plug Back Total Depth:                      |                |  |
|  |  | Amount of Surface Pipe Set and Cemented at:              | Feet           |  |
| Gas D&A                                      |  | Multiple Stage Cementing Collar Used? Yes No             |                |  |
| OG OG  | GSW Temp. Abd.                                 | If yes, show depth set:                                  | Feet           |  |
| CM (Coal Bed Methane)                        |  | If Alternate II completion, cement circulated from:      |                |  |
| Cathodic Other (Core, E                      | 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:                          | Oblasida contento  | hhla           |  |
| Deepening Re-perf.                           | Conv. to ENHR Conv. to SWD                     | Chloride content: ppm Fluid volume:                      |                |  |
|  | Conv. to GSW                                   | Dewatering method used:                                  |                |  |
| Plug Back:                                   | Plug Back Total Depth                          | Location of fluid disposal if hauled offsite:            |                |  |
|  | Permit #:                                      | Operator Name:   |                |  |
| Dual Completion                              | Permit #:                                      |  |                |  |
|  | Permit #:                                      | Lease Name: License #:                                   |                |  |
| ENHR   | Permit #:                                      | Quarter Sec Twp S. R                                     | East UWest     |  |
| GSW I  | Permit #:                                      | County: Permit #:  |                |  |
|  |  |  |                |  |
| Spud Date or Date Reach<br>Recompletion Date | ned TD Completion Date or<br>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:    |  |  |  |  |  |