

CONFIDENTIAL WELL COMPLETION FORM

1119399

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

## WELL COMPLETION FORM

NELL	<b>HISTORY</b> -	DESCRIPTION	<b>OF WELL</b>	& LEASE
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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:		
	Amount of Surface Pipe Set and Cemented at: Fee		
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No		
OG GSW Temp. Abd.	If yes, show depth set: Feet		
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:		
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt		
If Workover/Re-entry: Old Well Info as follows:			
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	Chloride content: ppm Fluid volume: bbls		
	Dewatering method used:		
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:		
Commingled Permit #:	Onevertex Name:		
Dual Completion Permit #:	Operator Name:		
SWD Permit #:	Lease Name: License #:		
ENHR Permit #:	Quarter Sec TwpS. R East West		
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 III Approved by: Date:		