

CONFIDENTIAL KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

1125444

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:		SecTwpS. R East Wes
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: ()		□NE □NW □SE □SW
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	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: 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 for	ollows:	
Operator:		Drilling Fluid Management Plan
Well Name:		(Data must be collected from the Reserve Pit)
Original Comp. Date: C	Original Total Depth:	Chloride content: ppm Fluid volume: bbl
Deepening Re-perf.	Conv. to ENHR Conv. to SWD	Dewatering method used:
_	Conv. to GSW	
Plug Back:		Location of fluid disposal if hauled offsite:
_	nit #:	Operator Name:
<u> </u>	nit #:	Lease Name: License #:
	nit #:	Quarter Sec TwpS. R
	nit #:	County: Permit #:
GSW Pern	nit #:	remit #

AFFIDAVIT

Completion Date or

Recompletion Date

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

Date Reached TD

Spud Date or

Recompletion Date

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:		