

CONFIDENTIAL WELL COMPLETION FORM

1131660

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:	S. R East West
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	
Phone: ()	
CONTRACTOR: License #	
Name:	
Wellsite Geologist:	
Purchaser:	
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. A CM (Coal Bed Methane) Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feel Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from:
If Workover/Re-entry: Old Well Info as follows:	feet depth to:w/sx cmt
Operator:	
Well Name:	Drilling Fluid Management Plan
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to Conv. to GSW	Chloride content: ppm Fluid volume: bbls
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	
SWD Permit #:	
ENHR Permit #:	Country Dermit #
GSW Permit #:	County: Permit #:
Spud Date or 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:			
ALT I II III Approved by: Date:			