

CONFIDENTIAL WELL COMPLETION FORM

1132450

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

WELL COMPLETION FORM

NELL HISTO	RY - DESCRI	PTION OF W	ELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip:	
Contact Person:	
Phone: ()	
CONTRACTOR: License #	
Name:	
Wellsite Geologist:	
Purchaser:	
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workow	er Total Depth: Plug Back Total Depth:
Oil WSW SWD	SIOW Amount of Surface Pipe Set and Cemented at: Feet
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	Chioride content: ppm Fluid volume: bbis
	Dewatering method used:
Plug Back: Plug Back Tota	I Depth Location of fluid disposal if hauled offsite:
Commingled Permit #:	
Dual Completion Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Recompletion Date Recomplet Recomplet	

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:		