

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

1132697

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   |
| 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         □ SIOW           □ Gas         □ D&A         □ ENHR         □ SIGW           □ OG         □ GSW         □ Temp. Abd.           □ CM (Coal Bed Methane)         □ Cathodic         □ Other (Core, Expl., etc.):           □ If Workover/Re-entry: Old Well Info as follows: | Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used? Yes No  If yes, show depth set: Feet  If Alternate II completion, cement circulated from: sx cmt |
| Operator:  | Dellin a Florid Management Plan  |
| 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  Conv. to GSW  Plug Back: Plug Back Total Depth  Commingled Permit #:  | Chloride content: ppm Fluid volume: bbls  Dewatering method used:  Location of fluid disposal if hauled offsite:   |
| Dual Completion Permit #:  | Operator Name:   |
| SWD Permit #:  | Lease Name: License #:   |
| ENHR Permit #:   | Quarter Sec TwpS. R East Wes   |
| GSW Permit #:  | County: Permit #:  |
| Spud Date or Date Reached TD Completion Date or Recompletion Date 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:    |  |