

CONFIDENTIAL WELL COMPLETION EOPM

1127316

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

WELL COMPLETION FORM

WELL HI	STORY - D	ESCRIPTION	OF WELL &	& LEASE

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: 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:	Drilling Fluid Management Plan		
Well Name:	(Data must be collected from the Reserve Pit)		
Original Comp. Date: Original Total Depth:	Chloride content: ppm Fluid volume: bbls		
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Dewatering method used:		
Conv. to GSW			
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:		
Commingled Permit #:	Operator Name:		
Dual Completion Permit #:	Lease Name: License #:		
SWD Permit #:			
ENHR Permit #:	Quarter Sec TwpS. R East West		
GSW Permit #:	County: Permit #:		
Spud Date or Date Reached TD Completion Date or			
Recompletion Date Reached TD Recompletion Date of 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:				