

CONFIDENTIAL WELL COMPLETION FORM

1133197

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

## WELL COMPLETION FORM

WEL	DESCRIPTION	OF WELL &	LEASE
	DESCINI HON		

OPERATOR: License #	API No. 15		
Name:	Spot Description:		
Address 1:			
Address 2:	Feet from North / South Line of Section		
City: State: Zip:+	Feet from Fast / 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: Feel		
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?		
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set: Feel		
Contraction Contraction Contraction	If Alternate II completion, cement circulated from:		
Cathodic Other ( <i>Core, Expl., etc.</i> ):	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 #:	License #:		
SWD Permit #:			
ENHR Permit #:	Quarter Sec. Twp. S. R. East Wes		
GSW Permit #:	County: Permit #:		
Spud Date or Date Reached TD Completion Date or   Recompletion Date 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:				
ALT I II III Approved by: Date:				