

CONFIDENTIAL KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1120836

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

WELL	COMP	LETIO	N FOF	RM	

	LICTODY	DESCRIPTION		
WELL	HISTORY -	DESCRIPTION	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:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Fee Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fee If Alternate II completion, cement circulated from: feet depth to: w/ sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	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	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite:
Commingled Permit #:	
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 Recompletion Date 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:			