

CONFIDENTIAL WELL COMPLETION FORM

1131577

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

## WELL COMPLETION FORM

NELL	HISTORY -	DESCRIP	TION OF	WELL 8	

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:		
		Lease Name: Well #:		
		Field Name:		
0		Producing Formation:		
Designate Type of Completion:		Elevation: Ground: Kelly Bushing:		
New Well Re-Ent	ry 🗌 Workover	Total Depth: Plug Back Total Depth:		
Oil       WSW         Gas       D&A         OG       CM (Coal Bed Methane)         Cathodic       Other (Core, Explanation)	SWD         SIOW           ENHR         SIGW           GSW         Temp. Abd.	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 cmi		
If Workover/Re-entry: Old Well Info as	s follows:			
Well Name:		Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)		
Original Comp. Date:	Original Total Depth: Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:		
Plug Back:	Plug Back Total Depth	Location of fluid disposal if hauled offsite:		
Commingled Pe	ermit #:	Operator Name:		
	ermit #:	License #:		
	ermit #:	Quarter Sec TwpS. R East Wes		
	ermit #:	County: Permit #:		
GSW Pe	ermit #:	· · · · · · · · · · · · · · · · · · ·		
Spud Date or Date Reache Recompletion Date	d 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:				