

CONFIDENTIAL COMPLETION COMMISSION

CONFIDENTIAL COMPLETION FORM

1113555

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:++ | Feet from |
| 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 SWD 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 |
| Well Name: | Drilling Fluid Management Plan |
| Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW | (Data must be collected from the Reserve Pit) Chloride content: ppm Fluid volume: bbls Dewatering method used: |
| 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 #: | Quarter Sec TwpS. R |
| ENHR Permit #: ☐ GSW Permit #: | County: Permit #: |
| Spud Date or Date Reached TD Completion Date or | |

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: | |