

CONFIDENTIAL WELL COMPLETION FORM

1113572

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

WELL COMPLETION FORM

WFI	L.	HISTORY	- DESCRIP	WELLS	λIFA	SF
			- DESCRIF	VVLLL C		

OPERATOR: License #	API No. 15			
Name:	Spot Description:			
Address 1:				
Address 2:	Feet from North / South Line of Section			
City: State: Zip:+	Feet from Cast / West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()				
CONTRACTOR: License #	County:			
Name:	Lease Name: Well #:			
	Field Name:			
Wellsite Geologist:				
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? 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:				
Well Name:	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	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 #:	Operator Name:			
SWD Permit #:	Lease Name: License #:			
ENHR Permit #:	Quarter Sec TwpS. R East West			
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:					