

CONFIDENTIAL WELL COMPLETION FORM

1131193

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

WELL COMPLETION FORM

NELL	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 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:		
	Total Depth: Plug Back Total Depth:		
New Well Re-Entry Workover			
	Amount of Surface Pipe Set and Cemented at: Feet		
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?		
GG GSW Temp. Abd.	If yes, show depth set: Feet		
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	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		
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 #: SWD Permit #:	Lease Name: License #:		
SWD Permit #: 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 Approved by: Date:			