

CONFIDENTIAL KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

1138157

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

WELL COMPLETION FORM

WELL	HISTORY	- DESCRIPTION	& I FASE
		- DESCRIFTION	& LLASL

OPERATOR: License #		API No. 15		
Name:		Spot Description:		
Address 1:				
Address 2:		Feet from North /	South Line of Section	
City: State: Zip	:+	Feet from Feast /	West Line of Section	
Contact Person:		Footages Calculated from Nearest Outside Secti	on 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: _		
	SIOW	Amount of Surface Pipe Set and Cemented at:	Feet	
Gas D&A ENHR	SIGW	Multiple Stage Cementing Collar Used?	s No	
	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:		Drilling Fluid Management Plan		
Well Name:		(Data must be collected from the Reserve Pit)		
Original Comp. Date: Original Tot	al Depth:	Chloride content: ppm Fluid vol	ume: bbls	
Deepening Re-perf. Conv. to E	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 #:		Lease Name: License		
SWD Permit #:				
ENHR Permit #:		Quarter Sec TwpS. R.		
GSW Permit #:		County: Permit #:		
Spud Date or Date Reached TD Recompletion Date	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:				