

CONFIDENTIAL WELL COMPLETION EOPM

1140446

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

WELL COMPLETION FORM

		DECODIDT		
WELL	HISTORY	- DESCRIPTI	ON OF WE	LL & LEASE

OPERATOR: License #		API No. 15		
Name:		Spot Description:		
Address 1:		 		
Address 2:		Feet from North / South Line of Section		
Citv: S	State: Zip:+	Feet from East / West Line of Section		
		Footages Calculated from Nearest Outside Section Corner:		
· · · · · ·		County:		
		Lease Name: Well #:		
0		Field Name:		
Purchaser:		Producing Formation:		
Designate Type of Completion:		Elevation: Ground: Kelly Bushing:		
New Well	e-Entry Workover	Total Depth: Plug Back Total Depth:		
Oil WSW	SWD SIOW	Amount of Surface Pipe Set and Cemented at: Feet		
Gas D&A	ENHR SIGW	Multiple Stage Cementing Collar Used?		
OG	GSW Temp. Abd.	If yes, show depth set: Feet		
CM (Coal Bed Methane)		If Alternate II completion, cement circulated from:		
Cathodic Other (Co.	re, Expl., etc.):	feet depth to:w/sx cmt.		
If Workover/Re-entry: Old Well Ir	nfo 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-per		Chloride content: ppm Fluid volume: bbls		
		Dewatering method used:		
Plug Back:	Plug Back Total Depth	Location of fluid disposal if hauled offsite:		
Commingled	Permit #:			
Dual Completion	Permit #:	Operator Name:		
 □ SWD	Permit #:	Lease Name: License #:		
	Permit #:	Quarter Sec Twp S. R East West		
	Permit #:	County: Permit #:		
Spud Date or Date Recompletion Date	eached 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:				