

CONFIDENTIAL WELL COMPLETION FORM

1127056

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

## WELL COMPLETION FORM

VVELL	<b>HISIURI</b>	- DESCRIP	WELL Q	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 East / 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:		
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:      Multiple Stage Cementing Collar Used?   Yes No     If yes, show depth set:      Feet   If Alternate II completion, cement circulated from:     feet depth to:		
Operator:			
Well Name:	Drilling Fluid Management Plan		
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW Plug Back: Plug Back Total Depth	(Data must be collected from the Reserve Pit) Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite:		
Commingled Permit #:			
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:				