

CONFIDENTIAL KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1136945

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 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:		
	VD SIOW	Amount of Surface Pipe Set and Cemented at: Fe		
Gas D&A EN	IHR SIGW	Multiple Stage Cementing Collar Used?		
	SW Temp. Abd.	If yes, show depth set: Fet		
CM (Coal Bed Methane)		If Alternate II completion, cement circulated from:		
Cathodic Other (Core, Expl., etc.	c.):	feet depth to:w/sx cn		
If Workover/Re-entry: Old Well Info as follo	WS:			
Operator:		Defilies Field Management Disc		
Well Name:		Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)		
Original Comp. Date: Orig	ginal Total Depth:			
Deepening Re-perf.	Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bb		
	Conv. to GSW	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 We		
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:				