

CONFIDENTIAL KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM 1140735

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

## WELL COMPLETION FORM

| WFI | Ľ. | HISTORY | - DESCRI  | FWELL | ጲ | I FASE |
|-----|----|---------|-----------|-------|---|--------|
|     |    |         | - DESCINI |       | x | 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 East / West Line of Section  |  |  |  |  |
| Contact Person:   | Footages Calculated from Nearest Outside Section Corner:   |  |  |  |  |
| Phone: ()   |  |  |  |  |  |
| CONTRACTOR: License #   | County:  |  |  |  |  |
|   | Lease Name: Well #:  |  |  |  |  |
| Name: Wellsite Geologist:   | Field Name:  |  |  |  |  |
| Purchaser:  | Producing Formation:   |  |  |  |  |
|   |  |  |  |  |  |
| Designate Type of Completion:   | Elevation: Ground: Kelly Bushing:  |  |  |  |  |
| New Well       Re-Entry       Workover         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: | Total Depth:       Plug Back Total Depth:         Amount of Surface Pipe Set and Cemented at:       Feet         Multiple Stage Cementing Collar Used?       Yes No         If yes, show depth set:       Feet         If Alternate II completion, cement circulated from:       feet depth to:         w/ |  |  |  |  |
| Operator:   |  |  |  |  |  |
| Well Name:  | Drilling Fluid Management Plan<br>(Data must be collected from the Reserve Pit)  |  |  |  |  |
| Original Comp. Date: Original Total Depth:<br>Deepening Re-perf. Conv. to ENHR Conv. to SWD<br>Conv. to GSW<br>Plug Back: Plug Back Total Depth   | 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         Date Reached TD         Completion Date or           Recompletion Date         Recompletion Date         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:    |  |  |  |  |  |