

CONFIDENTIAL WELL COMPLETION FORM

1133217

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

WELL COMPLETION FORM

WELL 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 Fast / 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:	
Oil WSW SWD SIOW	Amount of Surface Pipe Set and Cemented at: Feet	
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No	
OG GSW 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 Menagement Disp	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)	
Original Comp. Date: Original Total Depth:		
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls	
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 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:		