

CONFIDENTIAL WELL COMPLETION FORM

1144499

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

WELL COMPLETION FORM

		DECODID		
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OPERATOR: License #	API No. 15		
Name:	Spot Description:		
Address 1:	Sec TwpS. R East West		
Address 2:	Feet from North / South Line of Section		
City: State: Zip:+	Feet from East / West Line of Section		
Contact Person:			
Phone: ()			
CONTRACTOR: License #			
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:		
	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. CM (Coal Bed Methane)	If yes, show depth set: Feet		
Cathodic Other (Core, Expl., etc.):	If Alternate II completion, cement circulated from:		
If Workover/Re-entry: Old Well Info as follows:	feet depth to:w/sx cmt.		
Operator:	Drilling Fluid Management Plan		
Well Name:			
Original Comp. Date: Original Total Depth:	Chloride content: ppm Fluid volume: bbls		
Deepening Re-perf. Conv. to ENHR Conv. to SW	/D Dewatering method used:		
Conv. to GSW	Location of fluid disposal if hauled offsite:		
Plug Back: Plug Back Total Depth Commingled Permit #:			
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	-		

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:				