

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

1144940

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: | SecTwpS. R East Wes |
| Address 2: | Feet from North / South Line of Section |
| City: | Feet from |
| Contact Person: | Footages Calculated from Nearest Outside Section Corner: |
| Phone: () | NE □NW □SE □SW |
| 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.): | Amount of Surface Pipe Set and Cemented at: Fee Multiple Stage Cementing Collar Used? |
| If Workover/Re-entry: Old Well Info as follows: | feet depth to:w/sx cm |
| Operator: | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: ppm Fluid volume: bbl Dewatering method used: |
| Plug Back: Plug Back Total Depth Commingled Permit #: | Location of fluid disposal if hauled offsite: Operator Name: |
| □ Dual Completion Permit #: | Lease Name: |
| GSW Permit #: | County: Permit #: |

AFFIDAVIT

Completion Date or

Recompletion Date

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

Date Reached TD

Spud Date or

Recompletion Date

| 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: | |