

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

1140956

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

Address 2:	OPERATOR: License #	API No. 15
Feet from North South Line of Set	Name:	Spot Description:
City:	Address 1:	SecTwpS. R East
Contact Person:	Address 2:	Feet from North / South Line of Sectio
Designate Type of Completion: Designate Type of Completion	City:	Feet from East / West Line of Sectio
CONTRACTOR: License # County: Lease Name: Well #: Wellsite Geologist: Purchaser: Producing Formation: Field Name: Producing Formation: Elevation: Ground: Kelly Bushing: Total Depth: Multiple Stage Cementing Collar Used? Yes \ No No Multiple Stage Cementing Collar Used? Yes \ No No If yes, show depth set: If Alternate II completion, cement circulated from: If Alternate II completion, cement circulated from: If Elevation: If Alternate II completion, cement circulated from: If Elevation: If Alternate II completion, cement circulated from: If Elevation: If Alternate II completion, cement circulated from: If Elevation: If Alternate II completion from: If Elevation: If Alternate	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Lease Name:	Phone: ()	□ NE □ NW □ SE □ SW
Field Name:	CONTRACTOR: License #	County:
Field Name:	Name:	Lease Name: Well #:
Purchaser:		Field Name:
Designate Type of Completion:	· ·	
New Well Re-Entry Workover Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Gathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: Original Comp. Date: Original Comp. Date: Original Total Depth: Deepening Present Conv. to ENHR Conv. to SWD Plug Back: Plug Back Total Depth: Depth If yes, show depth set: If Alternate II completion, cement circulated from:		
Oil WSW SWD SIOW Amount of Surface Pipe Set and Cemented at: Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: If Alternate II completion, cement circulated from: feet depth to: w/ sx sx Sigw Sigw Sigw Sigw Sigw Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: If Alternate II completion, cement circulated from: feet depth to: w/ sx sx Sigw		, ,
Well Name: Original Total Depth: Conv. to SWD Deepening Re-perf. Conv. to GSW Plug Back: Plug Back Total Depth Commingled Permit #: Dual Completion Permit #: BWD BNHR Permit #: Counts #:	Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	If yes, show depth set: Fee
Well Name:	Operator:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD Dewatering method used: Dewatering met	Well Name:	
Commingled Permit #: Operator Name:	☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Chloride content: ppm Fluid volume: bbl Dewatering method used:
□ Dual Completion Permit #:	Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
SWD Permit #:	Commingled Permit #:	Operator Name:
Quarter Sec. Twp. S. R. East \(\)		Lease Name: License #:
County Permit #.		
GSW Permit #: Formit #:		
	GSVV Permit #:	1 Offile #.

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 III Approved by: Date:	