

CONFIDENTIAL KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM 1139058

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

WELL COMPLETION FORM

WEL	L	HISTORY	- DESCR	PTION	OF	WELL	&	LEASE
			- DESCIN				C.	LLAOL

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:	
Phone: ()	
CONTRACTOR: License #	
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 SIC Gas D&A ENHR SIC OG GSW Ter CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	OW Amount of Surface Pipe Set and Cemented at: Feet
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Co Conv. to GSW	Onv. to SWD Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total De	pth Location of fluid disposal if hauled offsite:
Commingled Permit #: Dual Completion Permit #:	Operator Name:
SWD Permit #:	Quarter Sec Two S R East West
ENHR Permit #: GSW Permit #:	Dermit #
Spud Date or Recompletion Date Date Reached TD Completion 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:						