

CONFIDENTIAL WELL COMPLETION FORM

1150537

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

WELL COMPLETION FORM

NELL	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:S	tate: Zip:+	Feet from Cast / West Line of Section		
Contact Person:	·	Footages Calculated from Nearest Outside Section Corner:		
Phone: ()				
CONTRACTOR: License #		County:		
		Lease Name: Well #:		
		Field Name:		
5		Producing Formation:		
Designate Type of Completion:		Elevation: Ground: Kelly Bushing:		
New Well	-Entry Workover	Total Depth: Plug Back Total Depth:		
 Oil WSW Gas D&A OG CM (Coal Bed Methane) 	SWD SIOW ENHR SIGW GSW Temp. Abd. e, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: feet depth to: w/ sx cmt		
2				
		Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)		
Original Comp. Date: Deepening Re-perf	Original Total Depth: Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:		
Plug Back:	Plug Back Total Depth	Location of fluid disposal if hauled offsite:		
Commingled	Permit #:	Operator Name:		
Dual Completion	Permit #:	Lease Name: License #:		
	Permit #:	Quarter Sec TwpS. R East West		
ENHR □ GSW	Permit #: Permit #:	County: Permit #:		
Spud Date or Date Rea Recompletion Date	ached 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:				