

CONFIDENTIAL WELL COMPLETION FORM

1151121

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

## WELL COMPLETION FORM

WELL	HISTOPY	DESCRIPT		
VVELL		DESCRIPI	ION OF V	LEASE

OPERATOR: License #		API No. 15		
Name:		Spot Description:		
Address 1:				
Address 2:		Feet from North / South Line of Section		
City: Sta	ate: Zip:+	Feet from Cast / West Line of Section		
Contact Person:		Footages Calculated from Nearest Outside Section Corner:		
Phone: ()				
, ,		County:		
		Lease Name: Well #:		
		Field Name:		
5		Producing Formation:		
Designate Type of Completion:		Elevation: Ground: Kelly Bushing:		
	Entry Workover	Total Depth: Plug Back Total Depth:		
Oil WSW Gas D&A OG CM (Coal Bed Methane) Cathodic Other (Core, If Workover/Re-entry: Old Well Info	SWD   SIOW     ENHR   SIGW     GSW   Temp. Abd.     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		
Operator:		Defilition Florid Management Disc		
Well Name:		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	Permit #:	County: Permit #:		
GSW	Permit #:	County Fermit #		
Spud Date or Date Read Recompletion Date	ched 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:				