

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

1130477

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

## WELL COMPLETION FORM

HISTODY .	DESCRIPTION		8 1 5 4 5 5
HISTORT -	DESCRIPTION	OF WELL	a LEASE

OPERATOR: License #	API No. 15		
Name:	Spot Description:		
Address 1:			
Address 2:	Feet from Dorth / South Line of Section		
City: State: Zip:+	Feet from Feet / West Line of Section		
Contact Person:			
Phone: ()			
CONTRACTOR: License #			
Name:	Lease Name: Well #:		
Wellsite Geologist:			
Purchaser:	Producing Formation:		
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:		
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:		
	Amount of Surface Pipe Set and Cemented at: Feet		
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No		
OG GSW Temp. Abd	· If yes, show depth set: Feet		
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:		
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt		
If Workover/Re-entry: Old Well Info as follows:			
Operator:	Drilling Fluid Management Plan		
Well Name:			
Original Comp. Date: Original Total Depth:	Chloride contenti nnm_ Fluid volume: hblo		
Deepening Re-perf. Conv. to ENHR Conv. to S	Chloride content: ppm Fluid volume: bbls		
Conv. to GSW	Dewatering method used:		
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:		
Commingled Permit #:	Operator Name:		
Dual Completion Permit #:			
SWD Permit #:	License #:		
ENHR Permit #:	Quarter Sec TwpS. R East West		
GSW Permit #:	County: Permit #:		
Spud Date or Date Reached TD Completion Date or   Recompletion Date Recompletion Date 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 Approved by: Date:				