

CONFIDENTIAL WELL COMPLETION FORM

1152084

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

WELL COMPLETION FORM

WFI	r.	HISTORY	- DESCRIP	WELL	ጲ	I FASE
					x	LLASL

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:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()					
CONTRACTOR: License #	County:				
	Lease Name: Well #:				
Wellsite Geologist:	Field Name:				
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?				
☐ OG	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:					
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Original Comp. Date: Original Total Depth:					
Deepening Re-perf. Conv. to ENHR Conv. to SWD	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 #:	Operator Name:				
SWD Permit #:	Lease Name: License #:				
ENHR Permit #:	Quarter Sec TwpS. R East West				
GSW Permit #:	County: Permit #:				
Spud Date or Recompletion Date Date Reached 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 Approved by: Date:					