### State Corporation Commission of Kansas Oil & Gas Conservation Division

**WELL COMPLETION OR RECOMPLETION FORM**

**ACO-1 WELL HISTORY**

**Description of Well and Lease**

- **Operator:** License 
  - Name: 
  - Address: 
  - City/State/Zip: 
  - Operator Contact Person: 
  - Phone: 
- **Contractor:** License 
  - Name: 
  - Phone: 
- **Wellsite Geologist:** 
  - Name: 
  - Phone: 

**Designate Type of Completion**

- **New Well**
- **Re-Entry**
- **Workover**

**Drilling Method:**

- **Nud Rotary**
- **Air Rotary**
- **Cable**

- **Spud Date:** 
- **Date Reached TD:** 
- **Completion Date:** 

**WELL HISTORY**

- **Total Depth:** PBD

**WATER SUPPLY INFORMATION**

- **Disposal of Produced Water:** 
- **Disposal Docket #**

- **Repressuring**

**INSTRUCTIONS:** This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado for Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 62-3-150, 62-3-107 and 62-3-106 apply.

Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 62-3-107 for confidentiality in excess of 12 months.

One copy of all wireline logs and drillers time log shall be attached with this form. Submit CP-4 form with all plugged wells. Submit CP-11 form with all temporarily abandoned wells.

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.

**Signature:**

**Title:**

**Date:** 6-23-86

Form ACO-1 (5-86)