

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-5
Form must be typed
March 2009

APPLICATION FOR DUAL COMPLETION
(K.A.R. 82-3-124)

Dual Completion ID # _____

OPERATOR: License # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____

API No. 15 - _____
Spot Description: _____
____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
_____ Feet from North / South Line of Section
_____ Feet from East / West Line of Section
County: _____
Lease Name: _____ Well #: _____

1. Plat Map showing: the location of the subject well, all other wells within a 1/2 mile radius of the subject well, the total depths of the wells, the upper and lower limits of the producing formation, and for each well the names and addresses of the lessee of record or operator.

2. Names and upper and lower limits of the source of supplies involved.

(NAME) _____ (PERFS) _____

(NAME) _____ (PERFS) _____

(NAME) _____ (PERFS) _____

3. Wireline log of the subject well. Previously filed with ACO-1: Yes No

4. Complete Form ACO-1 (Well Completion Form) for the subject well.

5. A complete description of the proposed installation including the size, weight, depth and condition of all casing and tubing, the size of all drilled holes, the amount of cement used and the tops of cement behind each casing string, the location or intended location of the casing perforations, the type of packer to be used and the depth of which it is to be set.

A diagram of the proposed installation shall be attached to the application.

6. Described plan for separately measuring and accounting for the production from each source of supply.

7. Description of storage facilities and ***a diagram*** of the proposed wellhead to pipeline installation.

8. Signed certificate showing service of the application and affidavit of publication as required by K.A.R. 82-3-135a.

9. Operators shall notify the District Office in the area, and the operators of offset production at least 24 hours before installation of a packer.

AFFIDAVIT: I am the affiant and hereby certify that to the best of my current information, knowledge and personal belief, this request for dual completion is true and proper and I have no information or knowledge, which is inconsistent with the information supplied in this application.

Signature: _____

Printed Name: _____

Title: _____

KCC Office Use Only

Denied Approved

15-Day Periods Ends: _____

Approved By: _____ Date: _____

Protests may be filed by any party having a valid interest in the application. Protests must be in writing and comply with K.A.R. 82-3-135b and must be filed within 15 days of publication of the notice of application.