



Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
(Attach Additional Sheets)Samples Sent to Geological Survey Yes NoCores Taken Yes NoElectric Log Run Yes NoElectric Log Submitted Electronically Yes No
(If no, Submit Copy)

List All E. Logs Run:

 Log Formation (Top), Depth and Datum Sample
Name Top Datum
CASING RECORD New Used

Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes NoDate of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS:

 Vented Sold Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION:

 Open Hole Perf. Dually Comp. Commingled
(Submit ACO-5) (Submit ACO-4)
 Other (Specify) _____

PRODUCTION INTERVAL:

Summary of Changes

Lease Name and Number: Maschler 32

API/Permit #: 15-121-29249-00-00

Doc ID: 1099656

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	10/24/2012	11/08/2012
Ground Surface Elevation	986	982
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=7&to2090	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=7&to2160
Number of Feet East or West From Section Line	2090	2160
Number of Feet North or South From Section Line	1290	1415
Quarter Call 2	SW	NW
Quarter Call 3	NW	SW
Quarter Call 4 - Smallest	NE	SE
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1097361	../kcc/detail/operatorEditDetail.cfm?docID=1099656