



**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

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

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**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  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing    Pumping    Gas Lift    Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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TYPE  
SIDE ONE

AFFIDAVIT OF COMPLETION FORM ACC-1 WELL HISTORY

Compt. \_\_\_\_\_

Two (2) copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within thirty (30) days after the completion of a well, regardless of how the well was completed.

F Attach separate letter of request if the information is to be held confidential. If confidential, only file one copy. Information on Side One will be of public record and Side Two will then be held confidential.

Applications must be made on dual completion, commingling, salt water disposal, injection and temporarily abandoned wells.

C Attach one copy only wireline logs (i.e. electrical log, sonic log, gamma ray neutron log, etc.). (Rules 82-2-105 & 82-2-125) KCC# (316) 263-3238. \_\_\_ No Log

LICENSE # 6593 EXPIRATION DATE 6-30-84

OPERATOR Coastal Oil & Gas Corporation API NO. 15-153-20,537  
ADDRESS Box 1332 COUNTY Rawlins  
Amarillo, Texas 79189 FIELD McDonald

\*\* CONTACT PERSON James E. Adams PROD. FORMATION Cherokee  
PHONE 806/372-8121

PURCHASER CITGO LEASE Hubbard  
ADDRESS Box 300 WELL NO. [REDACTED]

Tulsa, Oklahoma 74102 WELL LOCATION NE, SE  
1980 Ft. from South Line and

CONTRACTOR Murfin Drilling 300 Ft. from East Line of  
ADDRESS 617 Union Center Building the SE (Qtr.) SEC29 TWP 3S RGE 36 (T  
Wichita, Kansas 67202

PLUGGING None WELL PLAT (Office Use Onl  
CONTRACTOR ADDRESS

TOTAL DEPTH 4760' PSTD 4735' KCC  
SPUD DATE 3-10-84 DATE COMPLETED 3-29-84 KCS  
ELEV: GR 3309' DF KB SWD/REP  
DRILLED WITH (CABLE) (ROTARY) (AIR) TOOLS. PLG.

		29		

Amount of surface pipe set and cemented 350' DV Tool Used? yes  
THIS AFFIDAVIT APPLIES TO: (Circle ONE) - Oil, Gas, Shut-in Gas, Dry, Disposal, Injection, Temporarily Abandoned, OWMO. Other  
ALL REQUIREMENTS OF THE STATUTES, RULES AND REGULATIONS PROMULGATED TO REGULATE THE OIL AND GAS INDUSTRY HAVE BEEN FULLY COMPLIED WITH.

A F F I D A V I T

James E. Adams, being of lawful age, hereby certifies that: I am the Affiant, and I am familiar with the contents of the foregoing Affidavit. The statements and allegations contained therein are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME this 4 day of April, 1984.

James E Adams (Name)

[Signature] (NOTARY PUBLIC)

MY COMMISSION EXPIRES: 1-12-85  
\*\* The person who can be reached by phone regarding any questions concerning this information.

OPERATOR Coastal C \* Gas Corp. LEASE Hubbard SEC. 29 TWP. 3S RGE. 36

FILL IN WELL INFORMATION AS REQUIRED: WELL NO. 3-29V

Show all important zones of porosity and contents thereof; corrd intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

SHOW GEOLOGICAL MARKERS LOGS TO OR OTHER DESCRIPTIVE INFORMATION

FORMATION DESCRIPTION, CONTENTS, ETC.

TOP BOTTOM

NAME

DEPTH

Check if no Drill Stem Tests Run.

Heebner 4122'  
Lansing 4172'  
Marmaton 4468'  
Ft. Scott 4564'  
Cherokee Shale 4614'  
Cherokee Pay 4640'  
Zone

Not Available

DST #1 4150'-4280' LC "A" & "B"  
IF 15 min. op w/blo 12". ISI Comm. bled to 0; FF 60 min op w/blo 12" 60 min. ISI 120 min. bled to 0 rec. 392'. 5.6 bbl WCM 2078'.  
IF 542-959'; ISI 959-1079';  
FF 999-1079'; FSI 1079-1089'

LOGS:  
CND-FDC  
W/GR  
DIL W/GR

If additional space is needed use Page 2, Side 2

Report of all strings set— surface, intermediate, production, etc. CASING RECORD (New) or (Used)

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs./ft.	Setting depth	Type cement	Socks	Type and percent additives
Surface	12 1/4"	8 5/8"	24#	381'	Howco	275	60/40 poz, 2% gel, 3% CaCl <sub>2</sub>
Production	8 1/4"	5 1/2"	14#	4751'	Howco	230	60/40 poz, 2% gel, 10% salt
						450	Lite /# sk gill 1/4# flocele

LINER RECORD

PERFORATION RECORD

Top, ft.	Bottom, ft.	Socks cement	Shots per ft.	Size & type	Depth interval
TUBING RECORD					
Size	Setting depth	Packer set at			
2 3/8"	4700'		4	4" Hyperjet	4682-90'

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used

Depth interval treated

Acid frac w/500 gal 15% NF. 4000 gal 15% SGA plus 6000 gal 4682-90'

GW flush w/2% KCl water

Date of first production

Producing method (flowing, pumping, gas lift, etc.)

Gravity

3-30-84

Pumping

26

Estimated Production -I.P.

Oil 100

Gas

0

MCF

Water % 3

Cellul ratio

Disposition of gas (vented, used on lease or sold)

Perforations

4682-90'

CPFS

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

February 13, 2013

Leon Rodak  
Murfin Drilling Co., Inc.  
250 N WATER STE 300  
WICHITA, KS 67202-1216

Re: ACO1  
API 15-153-20537-00-01  
CELIA SOUTH UNIT D 4W  
SE/4 Sec.29-03S-36W  
Rawlins County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
Leon Rodak

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

February 19, 2013

Leon Rodak  
Murfin Drilling Co., Inc.  
250 N WATER STE 300  
WICHITA, KS 67202-1216

Re: ACO-1  
API 15-153-20537-00-01  
CELIA SOUTH UNIT D 4W  
SE/4 Sec.29-03S-36W  
Rawlins County, Kansas

Dear Leon Rodak:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 02/16/2007 and the ACO-1 was received on February 13, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department