

3185

34-15-29W
COPY

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASEOperator: License # 5011Name: Viking Resources, Inc.Address 105 S. Broadway, Suite #1040City/State/Zip Wichita, KS 67202-4224Purchaser: NoneOperator Contact Person: James B. DevlinPhone (316) 262-2502Contractor: Name: Mallard JV, Inc.License: 4958Wellsite Geologist: Robert C. Patton

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover☐ Oil ☐ SWD ☐ Temp. Abd.☐ Gas ☐ Inj ☐ Delayed Comp.☒ Dry ☐ Other (Core, Water Supply, etc.)

If OWM: old well info as follows:

Operator: _____

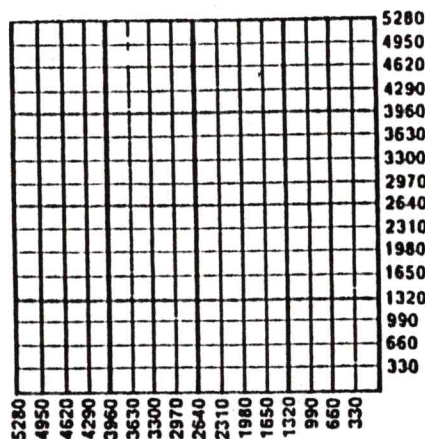
Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

☒ Mud Rotary ☐ Air Rotary ☐ Cable8-16-91 8-22-91
Spud Date Date Reached TD Completion DateAPI NO. 15- 063-21, 397County Gove County, KansasSW NE NE Sec. 34 Twp. 15 Rge. 29 ☒ East
West4290 Ft. North from Southeast Corner of Section990 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)Lease Name Dowell Well # 1Field Name Wildcat

Producing Formation _____

Elevation: Ground 2592' KB 2600'Total Depth 4359' PBDT _____Amount of Surface Pipe Set and Cemented at 209' @ 219' FeetMultiple 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.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 82-3-107 for confidentiality in excess of 12 months. One copy of all wireline logs and drillers time log shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 James B. DevlinTitle President Date 10-31-91Subscribed and sworn to before me this 31 day of October, 1991.Notary Public Wanda M. YoungerDate Commission Expires 7-8-95

K.C.C. OFFICE USE ONLY
F ☐ Letter of Confidentiality Attached
C ☐ Wireline Log Received
C ☐ Drillers Time Log Received

Distribution
☒ KCC ☐ SWD/Rep ☒ NGPA
☒ KGS ☐ Plug ☐ Other
(Specify)

WANDA M. YOUNGER
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 7-8-95

Form ACO-1 (7-89)

SIDE TWO

Operator Name Viking Resources, Inc.Lease Name DowellWell # 1Sec. 34 Twp. 15S Rge. 29☐ East☒ WestCounty Gove County, Kansas

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken
(Attach Additional Sheets.)☐ Yes ☒ No

Samples Sent to Geological Survey

☒ Yes ☐ No

Cores Taken

☐ Yes ☒ NoElectric Log Run
(Submit Copy.)☐ Yes ☒ No

Formation Description

☐ Log ☒ Sample

Name	Top	Bottom
Anhydrite	2004	(+596)
B. Anhydrite	2035	(+565)
Heebner	3682	(-1081)
Stark	3980	(-1379)

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
Surface	12 1/4	8 5/8	20#	219'	60/40 poz	135	2% gel, 3% cc

PERFORATION RECORD

Shots Per Foot 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 ☐ No

Date of First Production

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 ☐ Perforation ☐ Dually Completed ☐ Commingled
☐ Other (Specify) _____

Production Interval