

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
ACD-1 WELL HISTORY  
DESCRIPTION OF WELL AND LEASE

Operator: License # 03473

Name: William T. Wax

Address P. O. Box 429

Joplin, MO 64802

City/State/Zip

Purchaser: N/A

Operator Contact Person: William T. Wax

Phone (417) 782-7018

Contractor: Name: Company Tools

License:

Wellsite Geologist: None

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover

☐ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd.

☐ Gas ☐ ENHR ☐ SIGW

☒ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: N/A

Well Name:

Comp. Date                      Old Total Depth                     

☐ Deepening ☐ Re-perf. ☐ Conv. to Inj/SWD

☐ Plug Back ☐ PSTB

☐ Commingled Docket No.                     

☐ Dual Completion Docket No.                     

☐ Other (SWD or Inj?) Docket No.                     

11/3/93

6/28/94

7/3/94

Spud Date

Date Reached TD

Completion Date

SIDE ONE

API NO. 15- 099-23007

County Labette

           - SE - SW - NE Sec. 9 Twp. 31S Rge. 21E ☒ E ☐ W

2970' Feet from SW (circle one) Line of Section

1760' Feet from SW (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or SW (circle one)

Lease Name Han Well # 1

Field Name McCune West

Producing Formation None

Elevation: Ground 834' KS

Total Depth 249' PSTB                     

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used?                      Yes ☒ No

If yes, show depth set N/A Feet

If Alternate II completion, cement circulated from                     

feet depth to                      w/                      sx cmt.

Drilling Fluid Management Plan D&A JH 12-8-94  
(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 No.                     

           Quarter Sec.            Twp. 3 Rng.            E/W

County                      Docket No.                     

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 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 geologist well report 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.

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.

STATE CORPORATION COMMISS.

Signature William T. Wax

Title                      Date 7/5/94

Subscribed and affirmed to before me this 5<sup>th</sup> day of July 19 94

Notary Public Frances M. Mecham

Date Commission Expires Frances M. Mecham, Notary Public

State of Missouri, Jasper County

My Commission Expires Oct. 1, 1997

|                                         |                                    |                                          |
|-----------------------------------------|------------------------------------|------------------------------------------|
| K.C.C. OFFICE USE ONLY                  |                                    |                                          |
| F                                       | Letter of Confidentiality Attached |                                          |
| C                                       | Wireline Log Received              |                                          |
| C                                       | Geologist Report Received          |                                          |
| DISTRIBUTION                            |                                    |                                          |
| <input checked="" type="checkbox"/> KCC | <input type="checkbox"/> SWD/Rep   | <input checked="" type="checkbox"/> NGPA |
| <input checked="" type="checkbox"/> KGS | <input type="checkbox"/> Plug      | <input type="checkbox"/> Other (Specify) |

Operator Name William T. Wax Lease Name Han Well # 1  
 Sec. 9 Twp. 31S Rge. 21E ☒ East ☐ West  
 County Labette

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests at 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 ☐ Yes ☒ No  
 (Attach Additional Sheets.)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

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

List All E.Logs Run:

☐ Log Formation (Top), Depth and Datum ☒ Sample

| Name                       | Top | BTM | Top Datum |
|----------------------------|-----|-----|-----------|
| 13' Alluvium               | 0   | 13  | +834      |
| 2' Gravel                  | 13  | 15  | +821      |
| 36' Oswego Lime & Shale    | 15  | 51  | +819      |
| 87' Squirrel Shale         | 51  | 138 | +783      |
| 20' Verdigris Lime & Shale | 138 | 158 | +696      |
| 91' Cattleman Shale        | 158 | 249 | +676      |
| CTTD                       |     | 249 | +585      |

## 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           | 8"                | 6 5/8"                    |                 | 20'           | Portland       | 5            | None                       |
|                   |                   |                           |                 |               |                |              |                            |
|                   |                   |                           |                 |               |                |              |                            |

## ADDITIONAL CEMENTING/SQUEEZE RECORD

| Purpose                                            | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
|----------------------------------------------------|------------------|----------------|-------------|----------------------------|
| <input checked="" type="checkbox"/> Plug & Abandon |                  |                |             |                            |
| <input type="checkbox"/> Perforate                 |                  |                |             |                            |
| <input type="checkbox"/> Protect Casing            |                  |                |             |                            |
| <input type="checkbox"/> Plug Back TD              | 0-249            | Portland       | 45          |                            |
| <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     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|---------------|---------------------------------------------------------------------|
| Date of First, Resumed Production, SWD or Inj. | Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) |                    |                        |               |                                                                     |
| Estimated Production Per 24 Hours              | Oil <u>N/A</u> Bbls.                                                                                                                                                     | Gas <u>N/A</u> Mcf | Water <u>N/A</u> Bbls. | Gas-Oil Ratio | Grav                                                                |

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease  
 (If vented, submit ACQ-18.)

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled  
☐ Other (Explain)