

ORIGINAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1  
September 1999  
Form Must Be Typed

Operator: License # 6035  
Name: Kansas Gas Services  
Address: 11401 West 89th Street  
City/State/Zip: Overland Park, KS 66214  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Jeff Josephson  
Phone: ( 913 ) 599-8939  
Contractor: Name: McLean's C P Installation, Inc.  
License: 32775  
Wellsite Geologist: \_\_\_\_\_

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: Williams Natural Gas Company  
Well Name: Groundbed

Original Comp. Date: 1991 Original Total Depth: 440'  
\_\_\_\_ Deepening \_\_\_\_ Re-perf. \_\_\_\_ Conv. to Enhr./SWD  
\_\_\_\_ Plug Back \_\_\_\_ Plug Back Total Depth  
\_\_\_\_ Commingled Docket No. \_\_\_\_\_  
\_\_\_\_ Dual Completion Docket No. \_\_\_\_\_  
\_\_\_\_ Other (SWD or Enhr.?) Docket No. \_\_\_\_\_

5-30-04 6-4-04  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 091-22-240  
County: Johnson  
SW - NW - SE - \_\_\_\_ Sec. 22 Twp. 12S S. R. 23E ☒ East ☐ West  
1,970' feet from S N (circle one) Line of Section  
2,563' feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW  
Lease Name: Groundbed Well #: #1  
Field Name: Craig Station

Producing Formation: \_\_\_\_\_  
Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_  
Total Depth: 300' 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 \_\_\_\_\_

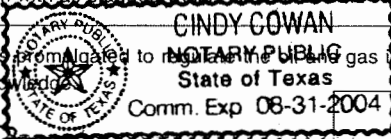
Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: CC Enviroklean, Inc.  
Lease Name: Romac LW Disposal License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West  
County: Wyandotte Docket No.: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 of 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.

Signature: [Signature]  
Title: Operations Manager Date: 6-11-04  
Subscribed and sworn to before me this 11th day of June  
2004  
Notary Public: [Signature]  
Date Commission Expires: 8-31-2004



KCC Office Use ONLY

\_\_\_\_ Letter of Confidentiality Received  
If Denied, Yes ☐ Date: \_\_\_\_\_  
\_\_\_\_ Wireline Log Received  
\_\_\_\_ Geologist Report Received  
\_\_\_\_ UIC Distribution

ORIGINAL

Operator Name: Kansas Gas Services Lease Name: Groundbed Well #: #1  
 Sec. 22 Twp. 12S S. R. 23E ☒ East ☐ West County: Johnson

**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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

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 Datum

RECEIVED  
 JUN 17 2004  
 KCC WICHITA

| 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 |
| <del>Washed out well, replaced anodes, pre-plugged from coke to surface. Did not remove or replace existing casing.</del> |                   |                           |                   |               |                |              |                            |
|                                                                                                                           |                   |                           |                   |               |                |              |                            |

| 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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|----------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------|
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |

| TUBING RECORD                                   |                                                                                                                                                               | Size    | Set At      | Packer At     | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|---------------|--------------------------------------------------------------------|
| Date of First, Resumed Production, SWD or Enhr. | Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 ☐ Other (Specify) \_\_\_\_\_ Production Interval \_\_\_\_\_