

MUST BE TYPED

SIDE ONE

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

1592
COPY

API No. 15- 15-091-21334-0001

County Johnson

SE Sec. 24 Twp. 14 Rge. 21 X E W

Depth 230' Feet from (S) (circle one) Line of Section

220' 230' Feet from (E) (circle one) Line of Section
KCC Record

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

Lease Name Schick Well # 17

Field Name Longanecker

Producing Formation Bartlesville Sand

Elevation: Ground N/A KB N/A

Total Depth 1207' PBTD 1189'

Amount of Surface Pipe Set and Cemented at 115' Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set N/A Feet

If Alternate II completion, cement circulated from 1194'
feet depth to Surface w/ 174 sx cmt.

Drilling Fluid Management Plan 12-8-92
(Data must be collected from the Reserve Pit)

Chloride content N/A ppm Fluid volume bbls

Dewatering method used

Location of fluid disposal if hauled offsite:

Operator Name

Lease Name License No.

 Quarter Sec. Twp. Rge. E/W

County Docket No.

ACTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. 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 BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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]
President Date 10-8-92

Witnessed and sworn to before me this 8 day of Oct

Public [Signature]

Commission Expires 12/194

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached

C X Wireline Log Received

C Geologist Report Received

DISTRIBUTION

 X KCC SWD/Rep NEPA

 X KGS Plug Other

(Specify)

NOV 12 1992

Operator Name Winzeler Oil Company

Lease Name Schick

Well # 2A

Sec. 24 Twp. 14 Rge. 21
 East
 West

County Johnson

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests during interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static l, 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: Gamma - Ray Neutron

Name	Formation (Top), Depth and Datum		Sample
	Top	Datum	
Hertha	476'	484'	
Bartlesville	953'	911'	
Burgess	1154'	1167'	

CASING RECORD <input type="checkbox"/> New <input checked="" 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
Surface		7"		115'	Portland	25	
Production		2 7/8"		1194'	Portland	174	2% Gel

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		N/A		

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
	2	1155'-1165'		150 Gal 15% HCL	

TUBING RECORD Size 1" Set At 1172' Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SVD or Inj. _____ 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: N/A
 Vented Sold Used on Lease
(If vented, submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Cemented
 Other (Specify) _____
Production Interval 1155'-1165'

