

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

API NO. 15- 091 22731000

**COPY** *Ind*

County Johnson

*SW SE SE*  
~~SE~~ - ~~SE~~ - ~~SW~~ - ~~SW~~ Sec. 19 Twp. 14 Rge. 22 *XXX*

~~476~~ ~~440~~ Feet from (S)W (circle one) Line of Section

~~777~~ ~~880~~ Feet from (E)W (circle one) Line of Section

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

Lease Name North Gordon Well # 7A

Field Name Longanecker

Producing Formation Bartlesville

Elevation: Ground 975 KB \_\_\_\_\_

Total Depth 940 PBTB \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used? \_\_\_\_\_ Yes XXX No

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

If Alternate II completion, cement circulated from 922

feet depth to surface w/ 100 sx cmt. *KCC by v.c.*

Drilling Fluid Management Plan AH-2, 3-13-98 v.c.  
(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. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W

County \_\_\_\_\_ Docket No. \_\_\_\_\_

Operator: License # 3074

Name: Robert S. Harwell, Inc.

Address 2801 NW Expressway #132

City/State/Zip Oklahoma City, OK 73112

Purchaser: Crude Marketing

Operator Contact Person: Robert S. Harwell

Phone (405) 842-4088

Contractor: Name: Hughes Drilling

License: 5682

Wellsite Geologist: none

Designate Type of Completion  
 New Well  Re-Entry  Workover

Oil  SMD  SLOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

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

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

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Deepening  Re-perf.  Conv. to Inj/SWD  
 Plug Back  PBTB  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Inj?)  Docket No. \_\_\_\_\_

11-12-96 11-14-96 1-12-97  
Spud Date Date Reached TD Completion Date

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 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.

Signature Robert S. Harwell

Title President Date 1-10-97

Subscribed and sworn to before me this 10 day of January, 19 97.

Notary Public Pamela Armstrong

Date Commission Expires 1-28-98

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

Operator Name Robert S. Harwell, Inc. Lease Name North Gordon Well # 7A

Sec. 19 Twp. 14 Rge. 22  
 East  
 West

County Johnson

**COPY**

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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	416	422	KC Lime
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	874	884	Bartlesville Sand
			940	TD
List All E.Logs Run:  Gamma Ray-Neutron				

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 Pipe	6 5/8	6 1/2		21 ft.	Portland	5	
Production	5 1/8	2 7/8		922	Portland	100	

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				

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	876-881	spot acid & acid breakdown	
	WAITING UPON KKC APPROVAL TO INJECT		

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 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 ACD-18.)

METHOD OF COMPLETION:  Open Hole  Perf.  Dually Comp.  Commingled 876-881

Production Interval:  Other (Specify) \_\_\_\_\_