

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

API NO. 15- 091-20,390 22-14-22C

County JOHNSON
~~SE~~ ~~NW~~ SW ~~SE~~ KCC X E
1/4 Sec. 22 Twp. 14 Rge. 22 W

Operator: License # 6540

1810 Feet from (S)W (circle one) Line of Section

Name: JACK W. SANDERS

2185-KCC
865 Feet from (E)W (circle one) Line of Section

Address 4303 SHAWNEE TERRACE

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

City/State/Zip WELLSVILLE, KS. 66092

Lease Name LEEKER Well # 11

Purchaser: SQUARE DEAL

Field Name GARDNER

Operator Contact Person: JACK W. SANDERS

Producing Formation BARTLESVILLE

Phone (913) 883-2384

Elevation: Ground _____ KB _____

Contractor: Name: TOWN OIL COMPANY

Total Depth 865' PBDT _____

License: _____

Amount of Surface Pipe Set and Cemented at 40 Feet

Onsite Geologist: NONE

Multiple Stage Cementing Collar Used? _____ Yes _____ No X

Designate Type of Completion
X New Well _____ Re-Entry _____ Workover

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 857'

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

feet depth to surface w/ 116 sx cmt.

If Workover:

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Operator: _____

Chloride content _____ ppm Fluid volume _____ bbls

Well Name: _____

Dewatering method used _____

Comp. Date _____ Old Total Depth _____

Location of fluid disposal if hauled offsite: _____

Deepening _____ Re-perf. _____ Conv. to Inj/SWD _____
Plug Back _____ PBDT _____
Commingle _____ Docket No. _____
Dual Completion _____ Docket No. _____
Other (SWD or Inj?) _____ Docket No. _____

Operator Name _____

Lease Name _____ License No. _____

9/4/81 9/10/81 4/15/82
Spud Date Date Reached TD Completion Date

7995 Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

COPY

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 2 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 Jack W. Sanders
Title Owner Date 8/28/95
Subscribed and sworn to before me this 28 day of August, 19 95.
Notary Public Kay Caruthers
Date Commission Expires 5-30-99

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



Operator Name TACI SANDERS Lease Name LEEKER Well # 331380
11

Sec. 22 Twp. 14 Rge. 22 East West
 County JOHNSON

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 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

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
BARTLESVILLE 819

CASING RECORD <input checked="" 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 Perce. Additives
SURFACE		6 1/4		40	COMMON	8	
PRODUCTION		4 1/2		857	PORTLAND	113	4 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				

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
10 shots	840' = 849'		
		Natural	

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 checked="" 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
	2		16		21.5

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)
 METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled 840'-849'
 Other (Specify) _____