

28-14-22E

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

API NO. 15- 091-22-002

County Johnson

NE-SW-NE Sec. 28 Twp. 14 Rge. 22

COPY

Operator: License # 5885

3405 Feet from 3/N (circle one) Line of Section

Name: Glaze, Alva

1816 Feet from 6/W (circle one) Line of Section

Address 22139 S. Victory Rd.

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

City/State/Zip Spring Hill, KS. 66083

Lease Name Donovan Well # #7

Purchaser: CMT

Field Name Gardener

Operator Contact Person: Alva Glaze

Producing Formation Bartleville

Phone 913, 592-2033

Elevation: Ground _____ KB _____

Contractor: Name: Glaze Drlg

Total Depth 930 PSTD _____

License: 5885

Amount of Surface Pipe Set and Cemented at 40 Feet

Wellsite Geologist: NONE

Multiple Stage Cementing Collar Used? _____ Yes No

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

If yes, show depth set _____ Feet

Oil _____ SVD _____ SIOW _____ Temp. Abd.
_____ Gas _____ ENHR _____ SIW
_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If Alternate II completion, cement circulated from 0
feet depth to 40 w/ 10 sx cmt.

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

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

Operator: _____

RECEIVED STATE AND FEDERAL COMMISSION

Well Name: _____

_____ content _____ ppm Fluid volume _____ bbls

Comp. Date _____ Old Total Depth _____

_____ used _____

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SVD
_____ Plug Back _____ PSTD
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SVD or Inj?) _____ Docket No. _____

JUN 27 1994

CONSERVATION DIVISION
Wichita Kansas

_____ of fluid disposal if hauled offsite:

1-6-89 1-10-89 3-22-89
Spud Date Date Reached TD Completion Date

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ 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.

X Signature Alva G. Glaze

Title owner Date 6/12/94

Subscribed and sworn to before me this 24th day of June 1994.

Notary Public [Signature]

Date Commission Expires 12/31/94

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"/> SVD/Rep
<input checked="" type="checkbox"/>	KCS	<input type="checkbox"/> Plug
<input type="checkbox"/>		<input checked="" type="checkbox"/> NGPA
		<input type="checkbox"/> Other (Specify)

Operator Name Glaze, Alva

Lease Name Donovan

Well # 7

Sec. 28 Twp. 14 Rge. 22 East West

County Johnson

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem test- ing interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached stati. vel, 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.)

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

List All E.Logs Run:
ATTACHED

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
Surface	8 1/2	7"		40	Portland	10	WATER
Production	6 7/8	2 7/8		930	consolidated		

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	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth
11 TOTAL	871 to 879	
1 SPF		

TUBING RECORD Size 1" Set At _____ Packer At NONE Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. 4-15-89 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil 1/2 Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gr.

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 _____