

28-14-22E

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

COPY

API NO. 15- 091-22,313

County Johnson

SE SE NE Sec. 28 Twp. 14 Rge. 22 ^{NE}/_W

Operator: License # 5885

2970 Feet from (S/N (circle one) Line of Section

Name: Glaze, Alva

2970 Feet from (E/W (circle one) Line of Section

Address 22139 S. Victory Rd
Spring Hill, KS. 66083

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

City/State/Zip _____

Lease Name Donovan Well # 11

Purchaser: CMT

Field Name Gardener

Operator Contact Person: Alva G. Glaze

Producing Formation Bartleville

Phone 913, 592-2033

Elevation: Ground _____ KB _____

Tractor: Name: Glaze Drlg

Total Depth 918' PBDT _____

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 n/a Feet

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

If Alternate II completion, cement circulated from 0

feet depth to 40 w/ 10 sx cnt.

Drilling Fluid Management Plan ALT 2 JH 11-7-94
(Data must be collected from the Reserve Pit)

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

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD _____
_____ Plug Back _____ PBDT _____

_____ Commingled _____ Docket No. _____

_____ Dual Completion _____ Docket No. _____

_____ Other (SWD or Inj?) _____ Docket No. _____

5/10/91 5/15/91 7-30-91
_____ Date Reached TD _____ Completion Date _____

RECEIVED
STATE CORPORATION COMMISSION

JUN 27 1994

CONSERVATION DIVISION
Wichita, Kansas

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. _____

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 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 Alva G. Glaze

Title owner Date 6/12/94

Subscribed and sworn to before me this 12th 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 type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input checked="" type="checkbox"/>	KGS	<input type="checkbox"/> Plug
<input type="checkbox"/>		<input checked="" type="checkbox"/> NGPA
		Other (Specify)

556-11-85

SIDE TWO

531470

Operator Name Alva Glaze

Lease Name Donovan

Well # 12

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 tests g. 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 Datums Sample

Name Top Datum

CASING RECORD New 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 1/4	7 1/2		40	Portland	10	
Production	6 1/8	2 7/8		918.	Consolidated		6% 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	<u>N/A</u>			

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
<u>12 TOTAL</u>	<u>854 - 863</u>		

TUBING RECORD

Size 1" Set At _____ Packer At None Liner Run Yes No

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

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravi
	<u>1/2</u>				

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 854' - 863'