

KANSAS

WELL COMPLETION REPORT AND DRILLER'S LOG

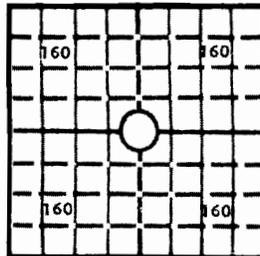
API No. 15 - 045 - 20 - 189
County Number

S. 8 T. 15 R. 20 E

Loc. NE 1/4 100 FWL 165 FEL

County Douglas

640 Acres N



Locate well correctly

Elev.: Gr.

DF KB

Operator: Kent Fry
Address: P.O. Box 3747 Lawrence, Kansas 66044
Well No. 1-81 Lease Name: John Gottstein
Footage Location: 100 feet from (N) line 165 feet from (E) line
Principal Contractor: C&R Drilling Geologist:
Spud Date: 2/2/81 Date Completed: 2/4/81 Total Depth: 879 P.B.T.D.
Directional Deviation: none Oil and/or Gas Purchaser:

CASING RECORD

Report of all strings set — surface, intermediate, production, etc.

Table with 8 columns: Purpose of string, Size hole drilled, Size casing set (in O.D.), Weight lbs/ft., Setting depth, Type cement, Sacks, Type and percent additives.

LINER RECORD

PERFORATION RECORD

Table with 6 columns: Top, ft., Bottom, ft., Sacks cement, Shots per ft., Size & type, Depth interval.

TUBING RECORD

Table with 6 columns: Size, Setting depth, Packer set at.

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Table with 2 columns: Amount and kind of material used, Depth interval treated.

INITIAL PRODUCTION

Date of first production: dry hole Producing method (flowing, pumping, gas lift, etc.)
RATE OF PRODUCTION PER 24 HOURS: Oil, Gas, Water, Gas-oil ratio
Disposition of gas (vented, used on lease or sold) Producing interval(s)

INSTRUCTIONS: As provided in KCC Rule 82-2-125, within 90 days after completion of a well, one completed copy of this Drillers Log shall be trans-

Operator

DESIGNATE TYPE OF COMP.: OIL, GAS, DRY HOLE, SWDW, ETC.:

Well No.

Lease Name

S _____ T _____ R _____ E _____
W _____

WELL LOG

Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

SHOW GEOLOGICAL MARKERS, LOGS RUN, OR OTHER DESCRIPTIVE INFORMATION.

FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	BOTTOM	NAME	DEPTH

USE ADDITIONAL SHEETS, IF NECESSARY, TO COMPLETE WELL RECORD.

Date Received

Signature

Title

Date

