

Shel

SIDE ONE

15-127-20570 00-00

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

API NO. 15-
County Morris **ORIGINAL**

Operator: License # 32540
Name: Gas & Oil Operations, Inc.
Address 1805 S.W. Seabrook Ave.
Topeka, Kansas 66604
City/State/Zip _____

SE - NW - NE Sec. 14 Twp. 15S Rge. 5E
990 Feet from SW (circle one) Line of Section
1650 Feet from E/W (circle one) Line of Section

Purchaser: _____
Operator Contact Person: Chet Belisle
Phone (785) 272-0026

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Kendall Well # 1

Contractor: Name: McGown - Thompson
License: 5786
Wellsite Geologist: Toby Elster

Field Name Latimer
Producing Formation Mississippian
Elevation: Ground 1396 KB 1398

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SVD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

Total Depth 2222 PBDT --
Amount of Surface Pipe Set and Cemented at 220 Feet
Multiple Stage Cementing Collar Used? Yes No

If Workover/Re-Entry: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
Deepening _____ Re-perf. _____ Conv. to Inj/SVD
Plug Back _____ PBDT _____
Commingled _____ Docket No. _____
Dual Completion _____ Docket No. _____
Other (SVD or Inj?) _____ Docket No. _____
Spud Date 4-5-01 Date Reached TD 4-12-01 Completion Date 5-17-01

If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cat

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbl

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. _____

RECEIVED
KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
MAY 31 2001

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado
Darby 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.

Signature [Signature]
Title President Date 5/3/01
Subscribed and sworn to before me this 8 day of May
2001.
Notary Public [Signature]
Date Commission Expires September 7, 2004

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received
Distribution
_____ KCC _____ SVD/Rep _____ NGPA
_____ KGS _____ Plug _____ Other
(Specify)

Terri L. Halseth
NOTARY PUBLIC - STATE OF KANSAS
MY ADPT. EXP. 9-7-2004

X

5630

SIDE TWO

ORIGINAL

Operator Name Oil & Gas Operations, Inc. Lease Name Kendall Well # 1
 Sec. 14 Twp. 15S Rge. 5E East West
 County Morris

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 Datum	<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	Heebner	1427	(- 29)
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Douglas Sand	1466	(- 68)
List All E.Logs Run:	THEY WERE SUBMITTED WITH THE ACO-1 (7-91)!!!!	Lansing	1568	(-170)
Dual Induction and Dual Compensated CNL/CDL Porosity Log		B/ Kansas City	1959	(-561)
Collar locator and cement bond Log		Cherokee Shale	2039	(-691)
		Conglomerate	2135	(-737)
		Mississippian Chert	2142	(-744)
		Mississippian Lime	2191	(-793)
		Total Depth	2221	

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 Percent Additives
Surface	12"	8 5/8"		220'	50-50 pos		
Production	6 5/8"	4 1/2"	10.5	2220'	50-50 pos	50	

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
2	2143-55		500 gals MA	2143-55
			1000 gals 15% w/ 3% Hdro-Flur	2143-55
2	2172-80		Same	2172-80

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2 1/2" EUE	2128		--		
Date of First, Resumed Production, SVD or Inj.	Producing Method				
May 2, 2001	<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
8 BOPD	None	Trace			34

Disposition of Gas:	METHOD OF COMPLETION			Production Interv
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (if vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled			2143-55