

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: License #5682.....
Name ..Hughes..Drilling..Company....
Address ..122..North..Main.....
City/State/Zip ..Wellsville, Kansas. 66092

Purchaser.....

Operator Contact Person ..Roger A. Hughes...
Phone ..1-913-883-2235.....

Contractor: License # 5682.....
Name ..Hughes..Drilling..Company.....

Wellsite Geologist.....
Phone.....

Designate Type of Completion

☐ New Well ☐ Re-Entry ☐ Workover

☐ Oil ☐ SWD ☐ Temp Abd
☐ Gas ☐ Inj ☐ Delayed Comp.
☒ Dry ☐ Other (Core, Water Supply etc.)

If OWWO: old well info as follows:

Operator
Well Name
Comp. DateOld Total Depth.....

WELL HISTORY

Drilling Method:

☒ Mud Rotary ☐ Air Rotary ☐ Cable

..9/16/85. ..9/19/85. 9/19/85.....
Spud Date Date Reached TD Completion Date
..884!.....
Total Depth PBTD

Amount of Surface Pipe Set and Cemented at 20.15 feet
Multiple Stage Cementing Collar Used? ☐ Yes ☐ No
If yes, show depth set.....feet
If alternate 2 completion, cement circulated
from.....0.....feet depth to 20.15 w/.5 SX cmt

API NO. 15-.....059-24,058.....

County..Franklin.....

NE.. NE.. NW.. Sec. 11 Twp 16..Rge. 20.. ☒ East
☐ West

4715... Ft North from Southeast Corner of Section
2805... Ft West from Southeast Corner of Section

(Note: Locate well in section plat below)

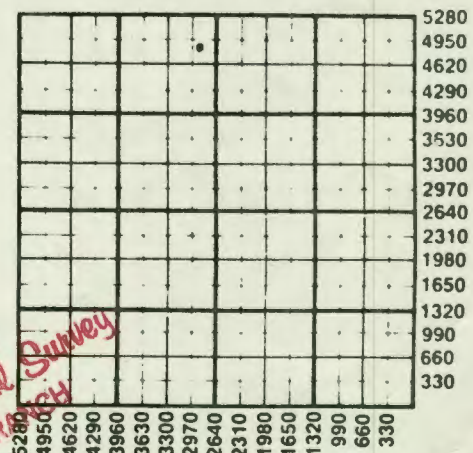
Lease Name...Lowell.Broers.....Well #.3.....

Field Name.....

Producing Formation.....

Elevation: Ground.....KB.....

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water: ☐ Disposal
Docket # ☐ Repressuring

Questions on this portion of the ACO-1 call:

Water Resources Board (913) 296-3717

Source of Water:

Division of Water Resources Permit #.....

☐ Groundwater.....Ft North from Southeast Corner
(Well)Ft West from Southeast Corner of
Sec Twp Rge ☐ East ☐ West

☐ Surface Water.....Ft North from Southeast Corner
(Stream, pond etc).....Ft West from Southeast Corner
Sec Twp Rge ☐ East ☐ West

☐ Other (explain).....
(purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 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 drillers time log shall be attached with this form. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

Operator Name Hughes Drilling Company Lease Name.. Lowell Broers Well #... 3

Sec.. 11 Twp... 16 S ... Rge 20 ☒ East
☐ West

County..... Franklin

WELL LOG

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
 Samples Sent to Geological Survey ☐ Yes ☐ No
 Cores Taken ☐ Yes ☐ No

Formation Description
☐ Log ☐ Sample

Name	Top	Bottom
PEDEE	0	114
LANSING	114	162
KANSAS CITY	162	403
PLEASANTON	403	572
MARMATON	572	656
CHEROKEE	656	
T.D.	884	

DEC 04 1985

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		6 1/2"		20.15	Portland	5	

PERFORATION RECORD

Shots Per Foot Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth

TUBING RECORD

Size

Set At

Packer at

Liner Run

☐ Yes☐ No

Date of First Production

Producing Method

☐ Flowing☐ Pumping☐ Gas Lift☐ Other (explain).....