

COPY

SIDE ONE

3979

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

Operator: License # 6142
Name: Town Oil Co.
Address: RT. 4
Paola, KS. 66071
City/State/Zip: _____
Purchaser: Crude Marketing Inc.
Contact Person: Lester Town
Phone (913) 294-2125
Contractor: Name: COMPANY TOOLS

License: _____
Wellsite Geologist: _____

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:

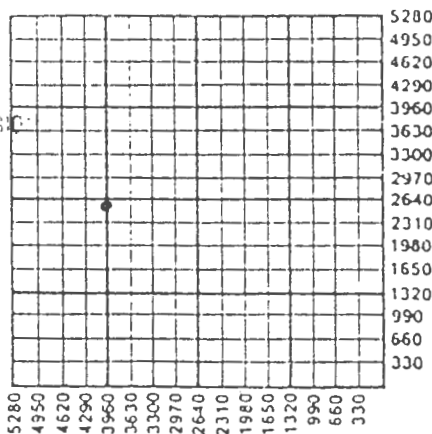
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____

Drilling Method:

☐ Mud Rotary ☒ Air Rotary ☐ Cable

7-8-90 7-19-90 7-26-90
Spud Date Date Reached TD Completion Date

API NO. 15- 059-24,546
County Franklin
CW¹ Sec. 8 Twp. 16 Rgc. 21 ☒ East
West
2630 Ft. North from Southeast Corner of Section
3960 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)
Lease Name Eversmeyer Well # AW-5
Field Name Paola-Rantoul
Producing Formation Squirrel
Elevation: Ground _____ KB _____
Total Depth 700 PBTD _____



Alt. P. N.V.

Amount of Surface Pipe Set and Cemented at 20 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☐ No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 20-698
feet depth to 0 w/ 3 77 sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 Winton Town
Title Operator Date 8-15-90
Subscribed and sworn to before me this 15 day of Aug
19 90.
Notary Public Norma Jane Blanchard

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Drillers Time Log Received
Distribution		
<input checked="" type="checkbox"/> KCC	<input type="checkbox"/> SWD/Rep	<input type="checkbox"/> NGPA
<input checked="" type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input type="checkbox"/> Other (Specify)

NOTARIES PUBLIC
State of Kansas
My Appt. Exp. _____

SIDE TWO

Operator Name Town Oil Co. Lease Name Eversmeyer Well # AW-5
 Sec. 8 Twp. 16 Rge. 21 ☒ East ☐ West
 County Franklin

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
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey ☐ Yes ☒ No
 Cores Taken ☐ Yes ☒ No
 Electric Log Run ☐ Yes ☐ No
 (Submit Copy.)

Formation Description

☐ Log ☐ Sample

Name Top Bottom

See attached copy of driller's log

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	9	6 1/4		20	Portland	3	
Completion	5 1/8	2 7/8		698	Portland	77	70/30

PERFORATION RECORD

Shots Per Foot Specify Footage of Each Interval Perforated

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

					Acid treatment	

TUBING RECORD

Size

Set At

Packer At

Liner Run

☐ Yes ☐ No

Date of First Production

Producing Method

☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain)

N/A

Estimated Production

Oil

Bbls.

Gas

Mcf

Water

Bbls.

Gas-Oil Ratio

Gravity

Per 24 Hours N/A

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease
 (If vented, submit ACO-18.)

☐ Open Hole ☐ Perforation ☐ Dually Completed ☐ Commingled

|| Other (Specify) _____