

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

Operator: License # 32257Name: TEJAS ENERGY RESOURCESAddress BOX 448COTTONWOOD FALLSCity/State/Zip KS. 66845

Purchaser: _____

Operator Contact Person: CLAY SYLVESTERPhone (316) 273-6842

Contractor: Name: _____

License: _____

Geologist: NONE

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover☐ Oil ☐ SWD ☐ SLOW ☒ Temp. Add.☐ Gas ☐ ENHR ☐ SIGW☐ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

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. _____10/23/97 10/25/97 NA
Spud Date Date Reached TD Completion DateAPI NO. 15- 017-207820000County CHASE90°N+70°E-SW-NW Sec. 35 Twp. 19S Rge. 7E X U900 Feet from S X (circle one) Line of Section400 Feet from E X (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)Lease Name STAUFFER Well # 5AField Name ELMDALE

Producing Formation _____

Elevation: Ground 1350 KB _____Total Depth 820 PBDT _____Amount of Surface Pipe Set and Cemented at 204 FeetMultiple Stage Cementing Collar Used? _____ Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan Att. 1, 9-21-98 U.C.
(Data must be collected from the Reserve Pit)Chloride content NA 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. _____

II ACTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market
Room 2078, 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.

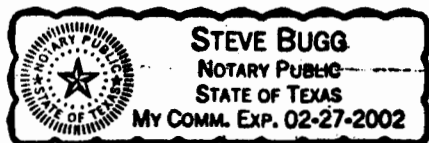
Signature _____

Title _____ Date _____

Subscribed and sworn to before me this 18th day of September,
19 98.

Notary Public _____

Date Commission Expires _____



K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received

Distribution
☒ KCC ☐ SWD/Rep ☐ NGPA
☐ KGS ☐ Plug ☒ Other
(Specify) IS

Form ACO-1 (7-91)

Operator Name TEJAS ENERGY RESOURCES Lease Name STAUFFER Well # 5ASec. 35 Twp. 19S Rge. 7 ☒ East CHASSAULT County CHASE
☐ West

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 ☒ NoCores Taken ☐ Yes ☒ NoElectric Log Run ☐ Yes ☒ No
(Submit Copy.)

t All E.Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
TECUMSCH	810	+540

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 7/8	7	20	204		65	3%
PRODUCTION	6 1/4	2 7/8	4.7	820		20	

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
Plug Off Zone				

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
	OPEN HOLE		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SLD or Inj. TA	Producing Method <input type="checkbox"/> Flowing <input 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

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

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

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify) _____

ES8801