

KANSAS

WELL COMPLETION REPORT AND  
DRILLER'S LOGAPI No. 15 — 107 — 20,848  
County Number

Operator

Rantoul Energy Corp.

Address

Box 516 Hutchinson, KS 67501

Well No.

#7

Lease Name

Hill

Footage Location

990' FEL 660' FSL NW 1/4

feet from (N) (S) line

feet from (E) (W) line

Principal Contractor

Double "L" Drilling

Geologist

Spud Date

Date Completed

6-15-80

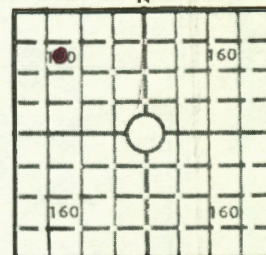
Total Depth

750'

P.B.T.D.

Directional Deviation

Oil and/or Gas Purchaser

State Geological Survey  
WICHITA, BRANCHS. 10 T. 21S R. 22ELoc. 990' FEL 660' FSL NWCounty Linn640 Acres  
N

Locate well correctly

Elev.: Gr. \_\_\_\_\_

DF \_\_\_\_\_ KB \_\_\_\_\_

## CASING RECORD

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

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

Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval

Size	Setting depth	Packer set at			

## ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used	Depth interval treated

## INITIAL PRODUCTION

Date of first production	Producing method (flowing, pumping, gas lift, etc.)

RATE OF PRODUCTION PER 24 HOURS	Oil	Gas	Water	Gas-oil ratio
	bbls.	MCF	bbls.	CFPB

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 transmitted to the State Geological Survey of Kansas, 4150 Monroe Street, Wichita, Kansas 67209. Copies of this form are available from the Conservation Division, State Corporation Commission, 245 No. Water, Wichita, Kansas 67202. Phone AC 316-522-2206. If confidential custody is desired, please note



DKT HOLE, SWDW, ETC.:

Well No.	Lease Name	
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C 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.

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<p>➤ <b>Date Received</b></p>	<p>_____</p> <p style="text-align: center;"><b>Signature</b></p>
	<p>_____</p> <p style="text-align: center;"><b>Title</b></p>
	<p>_____</p> <p style="text-align: center;"><b>Date</b></p>

101 PhC