

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

COPY

Operator: License # 30993  
Name: M.A.E. RESOURCES, INC.  
Address: 20655 SW 700 RD. AP  
City/State/Zip: WELDA, KS 66091  
Purchaser: CRUDE MARKETING  
Operator Contact Person: CLYDE BOOTS  
Phone: ( 316 ) 852 3574  
Contractor: Name: MC PHERSON DRILLING CO.  
5495  
Wellsite Geologist: BRAD COOK

Designate Type of Completion:

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

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

☐ Deepening ☐ Re-perf. ☐ Conv. to Enhr./SWD  
☐ Plug Back ☐ Plug Back Total Depth  
☐ Commingled ☐ Docket No. \_\_\_\_\_  
☐ Dual Completion ☐ Docket No. \_\_\_\_\_  
☐ Other (SWD or Enhr.?) ☐ Docket No. \_\_\_\_\_

5-9-00 5-10-00 5-11-00  
5 5 5  
Late or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 107-236130000

County: LINN

SE SE NW NW Sec. 16 Twp. 21 S. R. 22 ☒ East ☐ West  
4160 feet from (S) N (circle one) Line of Section

4134 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE (NW) SW

Lease Name: FAUSETT Well #: Ing 3

Field Name: CENTERVILLE SHOESTRING

Producing Formation: SQUIRREL

Elevation: Ground: N/A Kelly Bushing: N/A

Total Depth: 525' Plug Back Total Depth: 525'

Amount of Surface Pipe Set and Cemented at 25 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from 525'

feet depth to SURFACE w/ 60 sx cmt.

Drilling Fluid Management Plan AH-2, 7-28-00 VC  
(Data must be collected from the Reserve Pit)

WELL DRILLED WITH FRESH POND WATER.

Chloride content NONE ppm Fluid volume 150 bbls

Dewatering method used EVAPORATION

Location of fluid disposal if hauled offsite:

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West

County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

RECEIVED  
STATE CORPORATION COMMISSION  
JUN 16 2000  
CONSERVATION DIVISION

**INSTRUCTIONS:** 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 of 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: Clyde Boots  
Title: STOCKHOLDER Date: 6-13-00

Subscribed and sworn to before me this 13TH day of JUNE, 2000

Notary Public: Joan Boots

Date Commission Expires: 12-12-2001

Date Commission Expires: \_\_\_\_\_

JOAN BOOTS  
Notary Public - State of Kansas  
My Appt. Expires \_\_\_\_\_

KCC Office Use ONLY

☐ Letter of Confidentiality Attached

If Denied, Yes ☐ Date: \_\_\_\_\_

☒ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution



543040

Operator Name: **M.A.E. RESOURCES, INC.** Lease Name: **FAUSETT** Well #: **INJ #3**  
 Sec. **16** Twp. **21** S. R. **22** ☒ East ☐ West County: **LINN**

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

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)

List All E. Logs Run:

**GAMMA RAY & NEUTRON**

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

Name	Top	Datum
SOIL	0	2
CLAY	2	10
SHALE	10	18
LIME	18	123
SHALE & LIME	123	478
OIL SAND	478	505
SHALE	505	525

**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	# Sacs Used	Type and Percent Additives
<b>SURFACE</b>	<b>10 3/4"</b>	<b>7"</b>		<b>25'</b>	<b>PORTLAND</b>	<b>5</b>	<b>NONE</b>
<b>PRODUCTION</b>	<b>5 5/8"</b>	<b>2 7/8"</b>		<b>523'</b>	<b>OWC</b>	<b>60</b>	<b>GEL.</b>

**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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
<b>21 TOTAL</b>	<b>21 SHOTS 498-508</b>	<b>21 SHOTS 2" DML- RTG</b>	<b>498-508</b>
		<b>50 GAL ACID</b>	<b>470- 3'</b>

<b>TUBING RECORD</b>	Size Set At <b>NO TUBING. INJ. WELL</b>	Packer At <b>NONE</b>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <b>WHEN STATE APPROVES.</b>	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, Sumit ACO-18.)

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

**NO GAS**