

3-22-166 P1

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 # 8210
Name Edward F. Birk
Address RR #3 Box 57
City/State/Zip Burlington, Kansas 66534

Purchaser U.P.C. Falco

Operator Contact Person Edward F. Birk
Phone 316-264-2745

Contractor: License # 6169
Name Pacitsh Drilling Co. Inc.

Wellsite Geologist NON P.
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 **OWNO**: old well info as follows:
Operator
Well Name
Comp. Date .. Old Total Depth

WELL HISTORY

Drilling Method:
 Mud Rotary Air Rotary Cable

7-19-85 7-20-85 7-21-85
Spud Date Date Reached TD Completion Date

675 ..
Total Depth PBDT

Amount of Surface Pipe Set and Cemented at 40' feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set.....feet
If alternate 2 completion, cement circulated from.....feet depth to.....w/.....SX cmt

API NO. 15-031-21,596

County Coffey
SW SW SE Sec 3 Twp 22 Rge 16 East West

330 Ft North from Southeast Corner of Section
2310 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

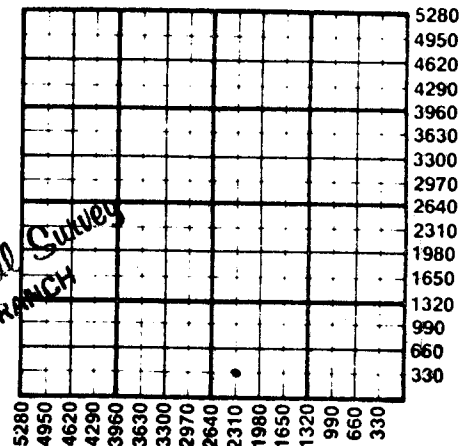
Lease Name Wilson Well # New 2

Field Name Quon Pool

Producing Formation N.A.R.E.

Elevation: Ground 1117 KB

Section Plat



AUG 0 1 1955
State Geological Survey
WICHITA BRANCH

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.

SIDE TWO

Operator Name Edward E. Bink Lease Name Wilson Well # New 2

Sec. 3 Twp. 22 Rge. 16 East West County Casper

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
Soil	-4'	
Clay	-23'	Shale - 637'
Lime	-33'	Lime - 649'
Shale	-230'	Shale - 675'
Lime	-275'	TD - 675'
Shale	-368'	
Lime	-405'	
Shale	-425'	
Lime	-445'	
Shale	-463'	
Lime	-485'	
Shale	-495'	
Lime	-502'	
Shale	-540'	
Lime	-550'	
Shale	-561'	
Lime	-629'	
Shale	-631'	
Lime	-635'	

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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
<u>Surface Casing</u>		<u>7"</u>		<u>42'</u>	<u>Portland C.</u>	<u>12</u>	

PERFORATION RECORD		'Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	
Shots Per Foot	Specify Footage of Each Interval Perforated	Depth	Depth

TUBING RECORD	Size	Set At	Packer at	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First Production _____ Producing Method Flowing Pumping Gas Lift Other (specify) _____