

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

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 30948
Name: Harry Conley
Address: PO Box 787
City/State/Zip: Chanute KS 66720
Purchaser: Plains Marketing
Operator Contact Person: Micki Miller
Phone: (620) 431-0581
Contractor: Name: company tools
License: 30948
Wellsite Geologist: none

Designate Type of Completion:

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

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

Operator: NA

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. _____

<u>7/1/02</u>	<u>7/18/02</u>	<u>8/30/02</u>
Spud Date or	Date Reached TD	Completion Date or
Recompletion Date		Recompletion Date

API No. 15 - 003-24203-00-00

County: Anderson

SE NW Sec. 32 Twp. 22 S. R. 19 ☒ East ☐ West

1815 feet from S / (N) (circle one) Line of Section

1165 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE (NW) SW

Lease Name: Conley Well #: D-6

Field Name: Colony/Welda

Producing Formation: Squirrel

Elevation: Ground: NA Kelly Bushing: _____

Total Depth: 1017 Plug Back Total Depth: 917

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 surface

feet depth to 917 w/ 60 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content none ppm Fluid volume _____ 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.: _____

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: Micki Miller

Title: Office Manager Date: 4/12/04

Subscribed and sworn to before me this 30 day of April

20 04

Notary Public: Cindy R. Spilman

Date Commission Expires: _____



KCC Office Use ONLY

AD Letter of Confidentiality Attached

If Denied, Yes ☐ Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

Operator Name: Harry Conley Lease Name: Conley Well #: D-6
 Sec. 32 Twp. 22 S. R. 19 ☒ East ☐ West County: Anderson

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width: 100%;"> <tr> <td style="width: 60%;">Name</td> <td style="width: 20%;">Top</td> <td style="width: 20%;">Datum</td> </tr> <tr> <td>Squirrel</td> <td>817</td> <td>827</td> </tr> <tr> <td></td> <td>863</td> <td>868</td> </tr> </table>	Name	Top	Datum	Squirrel	817	827		863	868
Name	Top	Datum								
Squirrel	817	827								
	863	868								

CASING RECORD <input checked="" 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
surface	9-1/4	7"	18#	20 ft	standard	6	NONE
casing	6-1/4"	2-7/8'	9.5#	917 FT	STANDARD	60	1% GEL

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	N/A			

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
21 shots(2/ft)	817.5 ft to 827.5 ft.	15 gal 28% acid, frac gel, 20/40 frac sand	817
11 perf (2/ft)	863.5 ft to 868.5 ft.	12/20 mesh & 7/8" rubber ball sealer	863
TUBING RECORD	Size 1"	Set At 820'	Packer At
Date of First, Resumed Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls. 7bbls	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas METHOD OF COMPLETION Production Interval

☐ Vented ☐ Sold ☐ Used on Lease ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled
 (If vented, Submit ACO-18.) ☐ Other (Specify)