

Memo: CORRECTED Spot location

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

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 SLOW 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. _____

12/20/02 3/26/03 4/03
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 003-242,18-00-00

County: Anderson

Sec. 32 Twp. 22 S. R. 19 East West

990 feet from S / (circle one) Line of Section

2475 (CORRECTED) feet from E / (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Conley Well #: H-3

Field Name: Colony/Welda

Producing Formation: Mississippi

Elevation: Ground: NA Kelly Bushing: _____

Total Depth: 1268' Plug Back Total Depth: 1265

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 1265 w/ circulated to top 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: _____

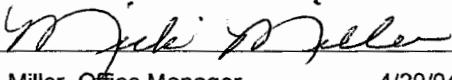
Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

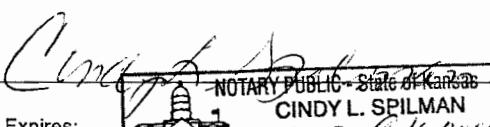
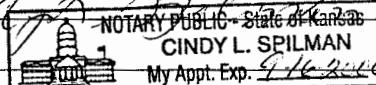
County: _____ Docket No.: _____

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: 
Title: Micki Miller, Office Manager Date: 4/20/04

Subscribed and sworn to before me this 20 day of April, 2004.

Notary Public: 
Date Commission Expires: 
NOTARY PUBLIC - State of Kansas
CINDY L. SPILMAN
My Appt. Exp. 04/04/04

KCC Office Use ONLY

 Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: Harry Conley Lease Name: Conley Well #: H-3
 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mississippi	1203.5 1206.5
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mississippi	1230 1230
List All E. Logs Run:			
Gamma Ray / Neutron /CCL			

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#	1265	portland		

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								
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
13 perfs 2"DML	1203.5' - 1206.5'			spot 150 gal. 15% acid, pumped gel with			1230
9 perfs 2" DLM	1230' - 1232'			18 ball sealers & flushed to perf. Breakdown			
				at 1 BPM			

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	1"	1230'				

Date of First, Resumed Production, SWD or Enhr.	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	
0 bbls							

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) _____