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Memo: corrected spot location
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 ☐ 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
SE NE NW Sec. 32 Twp. 22 S. R. 19 ☒ East ☐ West
990 feet from S (N) (circle one) Line of Section
2475 (CORRECTED) 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 #: 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: Micki Miller
Title: Micki Miller, Office Manager Date: 4/20/04
Subscribed and sworn to before me this 20 day of April,
2004.
Notary Public: Cindy L. Spilman
Date Commission Expires: _____
NOTARY PUBLIC - State of Kansas
CINDY L. SPILMAN
My Appt. Exp. 9-16-2006

KCC Office Use ONLY

AK 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 ☐ 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 /CCL

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

Name	Top	Datum
Mississippi	1203.5	1206.5
Mississippi	1230	1230

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
<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
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
	1"	1230'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumerd 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 ☐ Vented ☐ Sold ☐ Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled

Production Interval ☐ Other (Specify) _____