

1919

COPY

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 9102
Name: MICO Oil and Gas, Inc.
Address Post Office Box 281
City/State/Zip Paola, Kansas 66071
Purchaser: Crude Marketing
Operator Contact Person: Ernie D. Pratt
Phone (913) 755-2128

Contractor: Name: Chase Drilling Company
License: 9442
Wellsite Geologist: John Amerman

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SVD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If OWMO: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable
Spud Date 2/29/91 Date Reached TD 3/30/91 Completion Date 4/1/91

API NO. 15- 107-23,247

County Linn
SE SW NW East
SW SE NW Sec. 18 Twp. 22 Rge. 22 West

3025.0 Ft. North from Southeast Corner of Section
3465.0 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

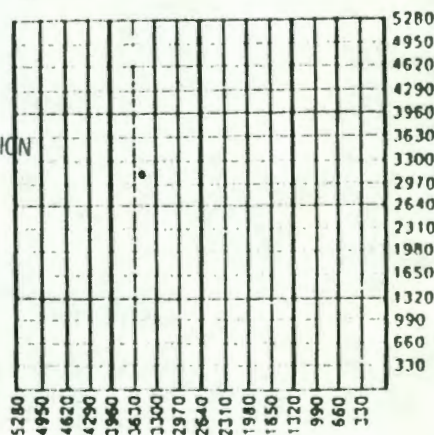
Lease Name Mitchell Well # 3W91

Field Name Blue Mound

Producing Formation Bartlesville

Elevation: Ground 1000 KB _____

Total Depth 692.0 PBID 669.0



RECEIVED
STATE CORPORATION COMMISSION

SEP 03 1991

CONSERVATION DIVISION
Wichita, Kansas

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 692.0

feet depth to 669.0 0 w/ 75 ex. cnt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 300 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-150, 82-3-107 and 82-3-106 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 wire logs and drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 [Signature]
Title President Date 8/28/91
Subscribed and sworn to before me this 28th day of August, 1991.
Notary Public Mischelle S. Cragg
Date Commission Expires 8/16/95

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Time Log Received
Distribution
 KCC SVD/Rsp NGPA
 KGS Plug Other (Specify)

NOTARY PUBLIC - State of Kansas
MISCHELLE S. CRAGG
My Appt. Exp. 8/16/95

SIDE TWO

Operator Name MICO Oil and Gas, Inc. Lease Name Mitchell Well # 3W

Sec. 18 Twp. 22 Rge. 22 East West
 County Linn

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
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

Formation Description		
	<input checked="" type="checkbox"/> Log	<input type="checkbox"/> Sample
Name	Top	Bottom
Hertha	83.0	108.0
Pleasanton	108.0	265.0
Fort Scott	434.0	444.0
Mulky Coal	458.0	462.0
Bartlesville	630.0	648.0

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	# Sacks Used	Type and Percent Additives
Surface	9.25	6.25	NA	20.0	Port "A"	5	
Casing	6.25	2.50	6.5	669.0	Port "A"	75	60/40 POS

PERFORATION RECORD		Acid, Fracture, Shot, Cement Squeeze Record	
Shots Per Foot	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
1.5	630.0 - 640.0	2 1/8" ALUM JETS F.W.	
		1 sxs. 20X40	
		9 sxs. 10X20	

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

Date of First Production	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: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perforation Dually Completed Conningled

Other (Specify) _____

Production Interval: _____ 630.0 _____ 640.0

