

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

Operator: License # 7791

Name: C.W. OIL PRODUCER

Address BOX 146

City/State/Zip GRIDLEY, KS 66852

Purchaser: KELLY MACLASKEY OILFIELD SERV.

Operator Contact Person: CHARLIE MACLASKEY

Phone (620) 836-4728

Contractor: Name: COMPANY TOOLS

License: \_\_\_\_\_

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: FRENCH WINTERSCHIED

Well Name: KELLY 8V

Comp. Date \_\_\_\_\_ Old Total Depth 2321

Deepening  Re-perf.  Conv. to Inj?  SWD  
 Plug Back \_\_\_\_\_ PBTB  
 Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_  
 Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_  
 SWD Other (SWD or Inj?) \_\_\_\_\_ Docket No. D-24,340

2-16-01 2-26-01 2-28-01  
Date OF START Date Reached TD Completion Date OF WORKOVER

API NO. 15- 031-20-757-0001

County COFFEY ORIGINAL XX E

-SW-1/4 Sec. 14 Twp. 23 Rge. 13 W

660 Feet from (S)N (circle one) Line of Section

4620 Feet from (E)W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
NE, (SE) NW or SW (circle one)

Lease Name KELLY Well # 8V

Field Name WINTERSCHIED

Producing Formation ARBUCKLE

Elevation: Ground N/A KB N/A

Total Depth 2321 PBTB 2321

Amount of Surface Pipe Set and Cemented at 100 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from 2180

feet depth to SURFACE w/ 405 sx cat.

Drilling Fluid Management Plan WORKOVER GA 3/19/03  
(Data must be collected from the Reserve Pit)

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

Disastering method used \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W

County \_\_\_\_\_ Docket No. \_\_\_\_\_

STATE CORPORATION COMMISSION OF KANSAS  
RECEIVED  
OPERATION DIVISION  
MARCH 16 2001

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 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 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 Charlie MacLasky

Title OWNER Date 3-14-01

Subscribed and sworn to before me this 14 day of March 192001.

Notary Public Staci M. Barnard

Date Commission Expires 10/3/04

STACI M. BARNARD  
Notary Public - State of Kansas  
My Appt. Expires 10/3/04

K.C.C. OFFICE USE ONLY  
F  Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Geologist Report Received  
Distribution  
KCC \_\_\_\_\_ SWD/Rep \_\_\_\_\_ NGPA  
KGS \_\_\_\_\_ Plug \_\_\_\_\_ Other \_\_\_\_\_  
(Specify)

Operator Name C.W. OIL PRODUCER Lease Name KELLY Well # 8V  
 Sec. 14 Twp. 23 Rge. 13  East  West  
 County COFFEY

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.)  
 List All E.Logs Run: NONE

Log Formation (Top), Depth and Datums  Sample  
 Name Top Datum  
ARBUCKLE 2180

**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		7"		100	PORTLAND	50	
INTERMEDIATE		4½"	9.5	2180	PORTLAND	405	
PRODUCTION		2½"	6.7	2134	60/40 POZMIX	200	2% GEL 2% CACL2

**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				

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
	<u>2180' - 2321' OPEN HOLE</u>		

**TUBING RECORD** Size N/A Set At \_\_\_\_\_ Packer At \_\_\_\_\_ Liner Run  Yes  No

Date of First, Resumed Production, SWD or Inj.	Producing Method	DISPOSAL USE
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls. <u>NONE</u> Gas Mcf <u>NONE</u> Water Bbls. <u>70</u>	Gas-Oil Ratio _____ Gravity _____

Disposition of Gas:  Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_

METHOD OF COMPLETION 2180-  
2321