

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

3734

Operator: License # 6265

Name: Charles Blubaugh

Address Route# 1 Box 18
Kincaid, KS 66039

City/State/Zip _____

Purchaser: None

Operator Contact Person: _____

Phone (____) _____

Contractor: Name: Fleming Drilling, Inc

License: 5378

Wellsite Geologist: none

Designate Type of Completion
 New Well _____ Re-Entry _____ Workover _____

Oil SWD S1OW _____ Temp. Abd.
 Gas ENHR SIGW _____
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back _____ PBDT
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj?) _____ Docket No. _____

10/13/92 10/19/92 10/21/92
Spud Date Date Reached TD Completion Date

API NO. 15- 107 23436

County Linn

NW - NE - NW - SW Sec. 10 Twp. 23 Rge. 22 NE

2475 Feet from (S)N (circle one) Line of Section

4455 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 Wier Well # 2

Field Name _____

Producing Formation Artlesville

Elevation: Ground _____ KB _____

Total Depth 585' PBDT _____

Amount of Surface Pipe Set and Cemented at 22' Feet

Multiple Stage Cementing Collar Used? _____ Yes _____ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan ALR 2 OAB 12-11-92
(Data must be collected from the Reserve P/T)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering 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. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 Betty M. Fleming

Title Sec/Tr. Date 11-4-92

Subscribed and sworn to before me this 4th day of November, 1992.

Notary Public Phyllis L. Greve

Date Commission Expires June 1995

STATE NOTARY PUBLIC
PHYLLIS L. GREVE
Notary & County, Kansas
My Appt. Exp. June 95

K.C.C. OFFICE USE ONLY		
F	Letter of Confidentiality Attached	
C	Wireline Log Received	
C	Geologist Report Received	
Distribution <u>NOV 9 1992</u>		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input checked="" type="checkbox"/>	KGS	<input type="checkbox"/> Plug
		<input type="checkbox"/> NGPA
		<input type="checkbox"/> Other
(Specify)		

Operator Name Charles Blubaugh

Lease Name Wier

Well # 2

Sec. 10 Twp. 23 Rge. 22

East
 West

County Linn

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem test ... 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:

Log Formation (Top), Depth and Datum Sample
Name Top Datum

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

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)	D-

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

Date of First, Resumed Production, SWD or Inj. Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	6 ty

Disposition of Gas: Vented Sold Used on Lease
(If vented, submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify)

Production Interval

