

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator license # 7208
name Loraine Cleaver
address Rt. # 2
City/State/Zip Colony, Kansas 66015

Operator Contact Person Cheri Graves
Phone 316-468-2050

Contractor license # 6056
name Black Diamond

Wellsite Geologist
Phone

PURCHASER

Designate Type of Completion
New Well Re-Entry Workover

☐ SWD ☐ Temp Abd
☐ Gas ☐ Inj ☐ Delayed Comp.
☒ Dry (Core, Water Supply etc.)

If CWO: old well info as follows:

Operator
Well Name
Comp. Date Old Total Depth

WELL HISTORY

Drilling Method: ## Mud Rotary ☐ Air Rotary ☐ Cable

7-31-84 8-2-84 8-2-84
Spud Date Date Reached TD Completion Date

N/A Plugged 8-2-84
Total Depth PBTD CP-4

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 2 completion, cement circulated
from 680 feet depth to Surface w/ 55 SX cmt

API NO. 15 - 011-22,340

County Bourbon

SE/4 (location) Sec 28 Twp 23 Rge 22

700 Ft North from Southeast Corner of Section
165 Ft West from Southeast Corner of Section
(Note: locate well in section plat below)

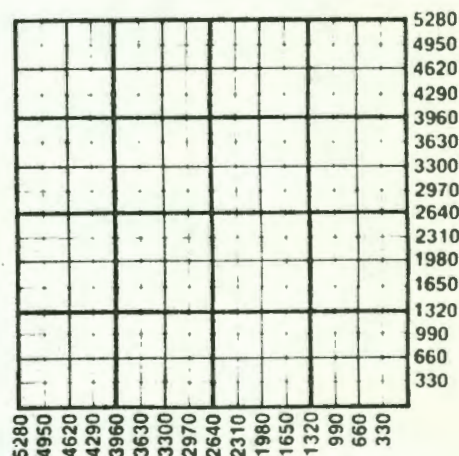
Lease Name Warren Gregg Well# 2

Field Name

Producing Formation Bartlesville

Elevation: Ground KB

Section Plat



* WATER SUPPLY INFORMATION

Source of Water:

Division of Water Resources Permit #

☐ Groundwater Ft North From Southeast Corner and
(Well) Ft. West From Southeast Corner of
Sec Twp Rge ☐ East ☐ West

☐ Surface Water Ft North From Southeast Corner and
(Stream, Pond etc.) Ft West From Southeast Corner
Sec Twp Rge ☐ East ☐ West

☐ Other (explain)
(purchased from city, R.W.D.#)

Disposition of Produced Water: ☐ Disposal ☐ Repressuring

Docket #

I. INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rules 82-3-130 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 drillers time log shall be attached with this form. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

SIDE TWO

Operator Name Lorraine Cleaver Lease Name W. A. Gregg Well# 2 SEC 28 TWP. 23 RGE. 22 ☒ East ☐ West

WELL LOG

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests, flowing interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static, 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
Samples Sent to Geological Survey
Cores Taken

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

Formation Description
☐ Log ☐ Sample

Name

Top

Bottom

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	9/7/8	6 5/8		20	Portland	6	
Production				680	Portland	55	2% A
						40	

PERFORATION RECORD

specify footage of each interval perforated

Acid, Fracture, Shot, Cement Squeeze Record

(amount and kind of material used)

Depth

sh. per foot			