

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 # 6868
Name Dan Laughlin/Shamrock Drig.
Address Rt. 1 Box 39
Mapleton
City/State/Zip Kansas 66754

Purchaser Nppg. Falco Chanute, Ks.

Operator Contact Person Dan Laughlin
Phone 316-743-3441

Contractor: License # 6868
Name Dan Laughlin/Shamrock Drill.

Wellsite Geologist none
Phone

Designate Type of Completion

☒ New Well ☐ Re-Entry ☐ Workover
☐ Oil ☐ SWD ☐ Temp Abd
☐ Gas ☐ Inj ☐ Delayed Comp.
☐ Dry ☐ Other (Core, Water Supply etc.)

If OMWO: old well info as follows:

Operator
Well Name
Comp. Date

WELL HISTORY

Drilling Method:

☐ Mud Rotary ☒ Air Rotary ☐ Cable
J-02-85 10--02-85 11-01-85
Spud Date Date Reached TD Completion Date

430
al Depth PBTD

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.....feet depth to.....w/.....SX cnt
Cement Company Name
Invoice #

API No. 15- 011-22,526
County Bourbon
nw nw se 21 23 23 X East
..... Sec..... Twp..... Rge..... West

2475 Ft North from Southeast Corner of Section
2300 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

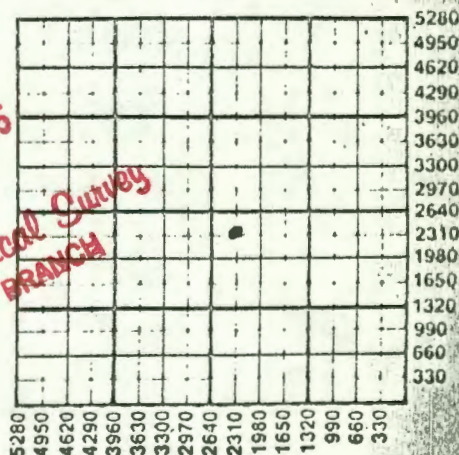
Lease Name walker Well # 2

Field Name Bronson Xenia

Producing Formation Bartlesville

Elevation: Ground.....KB.....

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water: none Disposal
Docket # Repressuring

Questions on this portion of the ACO-1 call:

Water Resources Board (913) 296-3717

Source of Water:

Division of Water Resources Permit #.....

Groundwater.....Ft North from Southeast Corner
(Well)Ft West from Southeast Corner of
Sec Twp Rge East West

Surface Water.....Ft North from Southeast Corner
(Stream, pond etc).....Ft West from Southeast Corner
Sec Twp Rge East West

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

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 90 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 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.

537345

SIDE TWO

W 2

Operator Name Dan Laughlin AKA Shamrock Drilling Lease Name Walker Well # 2

Sec. 21 Twp. 23 Rge. 23 ☒ East ☐ West County Bourbon

7X12

0066

WELL LOG.

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

Samples Sent to Geological Survey

☐ Yes☒ No

Cores Taken

☐ Yes☒ No

Formation Description

☒ Log☐ Sample

Name	Top	Bottom
TOPSOIL	0	2
YELLOW CLAY	2	30
LIME AND SHALE	30	123
SHALE	123	180
LIME	180	195
SHALE	195	203
LIME	203	318
SHALE	318	322
LIME	322	380
SHALE	380	424

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	10 3/4	7	24	20	Portland	5	none

PERFORATION RECORD

Shots Per Foot	Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
none	Dry Hole		

TUBING RECORD	Size	Set At	Packer at	Liner Run	☐ Yes ☒ No
---------------	------	--------	-----------	-----------	---

Date of First Production	Producing Method
	☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (explain).....