

FORM MUST BE TYPED

NA Law 1115 well on well near 4/1 U14 well
Was used by hand owner for water available Before 1950
No info available

33-24-20E

Was plugged by off set operator below

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

ORIGINAL

API NO. 15- _____
County Allen 15-001-70151
Sec. 33 Twp. 24 Rge. 20 E/W

Operator: License # 3086

2803 Feet from SN (circle one) Line of Section

Name: Wolf Exploration Co

2803 Feet from EW (circle one) Line of Section

Address PO Box 326

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

City/State/Zip Monrovia, KS 66255

Lease Name Houk Well # OW-1-94

Purchaser: _____

Field Name Monrovia

Operator Contact Person: Ken Ogle

Producing Formation Barts ?

Phone (316) 237-4575

Elevation: Ground NA KB NA

Contractor: Name: WEC

Total Depth NA PBD NA

License: 3086

Amount of Surface Pipe Set and Cemented at NA Feet

Wellsite Geologist: NA

Multiple Stage Cementing Collar Used? _____ Yes _____ No

Designate Type of Completion
____ New Well ____ Re-Entry D&A Workover

If yes, show depth set _____ Feet

____ Nil ____ SWD ____ SIOW ____ Temp. Abd.
____ Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cnt.

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

Drilling Fluid Management Plan PTA 2-14-96 JK
(Data must be collected from the Reserve Pit)

Operator: NA

Chloride content _____ ppm Fluid volume _____ bbls

Well Name: OW-1-94

Dewatering method used _____

Comp. Date 3 Old Total Depth 3

Location of fluid disposal if hauled offsite _____

COPY

Plug

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

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W

Spud Date _____ Date Reached TD _____ Completion Date _____

County _____ Docket No. _____

Plugged 11-8-94

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 Beverly A. Pinneo

Title Prod. Dept. Date 11-14-94

Subscribed and sworn to before me this 14th day of November, 19 94.

Notary Public Beverly A. Pinneo

Date Commission Expires April 18, 1997

K.C.C. OFFICE USE ONLY

F _____ Letter of Confidentiality Attached

C _____ Wireline Log Received

C _____ Geologist Report Received

Distribution: _____

KCC _____ SWD/Rap _____

KGS _____ Plug _____ Other _____

NOV 15 1994

NOTARY PUBLIC
STATE OF KANSAS
BEVERLY A. PINNEO
My Appt. Exp. 4-18-97

Operator Name _____ Lease Name _____ Well # _____

Sec. _____ Twp. _____ Rge. _____ East West County _____

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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

List All E.Logs Run:

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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)	Depth

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. P & A 11-8-94 Producing Method Flowing Pumping Gas Lift 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 Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

TYPE OR PRINT
NOTICE: Fill out completely
and return to Coas. Div.
office within 30 days.

ORIGINAL

Land Not Leased
by Any one Plugged
By Operator Below

LEASE OPERATOR Wolf Exploration Co

ADDRESS P.O. Box 326 Monon, Ms 66755

PHONE (316) 237-4575 OPERATORS LICENSE NO. 3086

Character of Well Oil D&A

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 11-8-94 (date)

by Tom Welch (XCC District Agent's Name).

Is ACC-1 filed? Yes If not, is well log attached? NA

Producing Formation Barts Depth to Top 830^{Est} Bottom 840^{Est} T.O. 840

Show depth and thickness of all water, oil and gas formations.

COPY

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
<u>Barts</u>	<u>Oil</u>	<u>830</u>	<u>840</u>	<u>12</u>	<u>Est 10' NA</u>	<u>2'</u>

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug was used, state the character of same and depth placed, -from feet to feet each set

Reg Portland 130 SXS From 480 To Surface

Used Saw Cementing Enuka, Ms

Name of Plugging Contractor Co Tools License No. 3086

Address PO Box 326 Monon, Ms 66755

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: _____

STATE OF _____ COUNTY OF _____, ss.

(Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated herein, and matters herein contained and the log of the above described well as filed that the same are true and correct, so help me God.

(Signature) [Signature]

(Address) _____

SUBSCRIBED AND SWORN TO before me this 14th day of November, 19 94

Beverly A Pinneo
Notary Public

My Commission Expires: April 18, 1997

USE ONLY ONE SIDE OF EACH FORM

