

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION

JELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: license # 7208
name LORRAINE CLEAVER
address Rt #2
City/State/Zip Colony, Ks 66015

Operator Contact Person Cheer Graves
Phone 316-468-2050

Contractor: license # 6056
name BLACK DIAMOND Box 54
Piqua, Ks 66761

Wellsite Geologist
Phone
PURCHASER EUREKA CRUDE

Designate Type of Completion
 New Well Re-Entry Workover

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

If **NO**: old well info as follows:
Operator
Well Name
Comp. Date Old Total Depth

WELL HISTORY

Drilling Method: Mud Rotary Air Rotary Cable
7-25-84 7-27-84 8-13-84
Spud Date Date Reached TD Completion Date

740 N/A
Total 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 729 feet depth to Surface w/ 75 SX cmt

Wire line log received

API NO. 15 - 011-22,261
County Bourbon
NE14 NW SE NW
Sec 7 Twp 24 Rge 22 W as

1815 Ft North from Southeast Corner of Section
1155 Ft West from Southeast Corner of Section
(Note: locate well in section plat below)

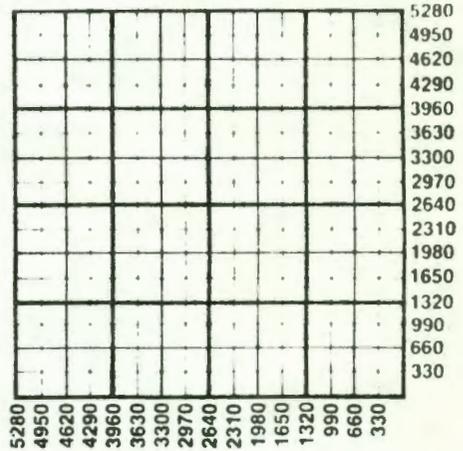
Lease Name Medcalf Charles Well# 30

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 an (Well) Ft. West From Southeast Corner c
Sec Twp Rge East West

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

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

Disposition of Produced Water: Disposal Repressuring

Docket #

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.

Operator Name *LORAIN E. CLEAVER* Lease Name *Medcal f.* Well# *30* SEC *7* TWP *24* RGE *22*

East
 West

WELL LOG

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem test 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
Samples Sent to Geological Survey
Cores Taken

Yes No
 Yes No
 Yes No

Formation Description
 Log Sample

Name Top Bottom

TUBING RECORD

size set at packer at Liner Run Yes No

Date of First Production

8-13-84

Producing method

flowing pumping gas lift Other (explain)

Estimated Production
per 24 Hours

Oil

Gas

Water

Gas-Oil Ratio

Gravity

Bbls

MCF

Bbls

CFPB

Core 670-690

Perf 673-681

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 Production

*10
5 1/8*

*6 5/8
2 1/2*

*20
72.9*

*Portland
Portland*

*6
75*

A. 69.40 - 5%

PERFORATION RECORD

shots per foot

specify footage of each interval perforated

Acid, Fracture, Shot, Cement Squeeze Record

(amount and kind of material used)

Depth

10

6.75 - 6.82

2 1/8 Alum Shot