

KANSAS

WELL COMPLETION REPORT AND DRILLER'S LOG

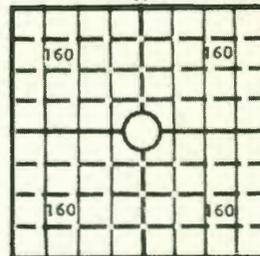
State Geological Survey WICHITA BRANCH

S. 22 T. 24 R. 22 E. SE 1/4

Loc. \_\_\_\_\_

County Bourbon

640 Acres N



Locate well correctly

Elev.: Gr. \_\_\_\_\_

DF \_\_\_\_\_ KB \_\_\_\_\_

API No. 15 — 011 County — 21202 Number

Operator Reese Exploration, Inc.

Address P. O. Box 11598 K. c. Mo. 64138

Well No. 35-81 Lease Name Don Mix

Footage Location 200 feet from (N) (S) line 2195 feet from (E) (W) line

Principal Contractor Michael Drilling Geologist

Spud Date 5-13-81 Date Completed 5-14-81 Total Depth 503 P.B.T.D.

Directional Deviation Oil and/or Gas Purchaser Maclaskey

CASING RECORD

Report of all strings set — surface, intermediate, production, etc.

Table with 8 columns: Purpose of string, Size hole drilled, Size casing set (in O.D.), Weight lbs./ft., Setting depth, Type cement, Sacks, Type and percent additives. Rows include Surface and 2" strings.

LINER RECORD

PERFORATION RECORD

Tables for LINER RECORD and TUBING RECORD. LINER RECORD columns: Top, ft., Bottom, ft., Sacks cement, Shots per ft., Size & type, Depth interval. TUBING RECORD columns: Size, Setting depth, Packer set at.

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Table with 2 columns: Amount and kind of material used, Depth interval treated. Entry: Frac - Gelled water - 60 sacks sand.

INITIAL PRODUCTION

Date of first production July 81 Producing method (flowing, pumping, gas lift, etc.) pumping

RATE OF PRODUCTION PER 24 HOURS Oil 1 bbls. Gas 0 MCF Water 0 bbls. Gas-oil ratio CFPB

Disposition of gas (vented, used on lease or sold) Producing interval (s)

INSTRUCTIONS: As provided in KCC Rule 82-2-125, within 90 days after completion of a well, one completed copy of this Drillers Log shall be transmitted to the State Geological Survey of Kansas, 4150 Monroe Street, Wichita, Kansas 67209.

Operator **Reese Exploration, Inc.** DESIGNATE TYPE OF COMP.: OIL, GAS, DRY HOLE, SWDW, ETC.: **oil**

Well No. **35-81** Lease Name **Don Mix**

S 22 T 24 R. 22 <sup>E</sup><sub>XX</sub>

**WELL LOG**

Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

SHOW GEOLOGICAL MARKERS, LOGS RUN, OR OTHER DESCRIPTIVE INFORMATION.

| FORMATION DESCRIPTION, CONTENTS, ETC. | TOP | BOTTOM | NAME | DEPTH |
|---------------------------------------|-----|--------|------|-------|
| soil & clay                           | 0   | 2      |      |       |
| lime                                  | 2   | 19     |      |       |
| shale                                 | 19  | 24     |      |       |
| lime                                  | 24  | 31     |      |       |
| shale                                 | 31  | 39     |      |       |
| lime                                  | 39  | 57     |      |       |
| shale                                 | 57  | 61     |      |       |
| lime                                  | 61  | 65     |      |       |
| shale                                 | 65  | 76     |      |       |
| lime                                  | 76  | 89     |      |       |
| shale                                 | 89  | 249    |      |       |
| lime                                  | 249 | 257    |      |       |
| shale                                 | 257 | 340    |      |       |
| lime                                  | 340 | 366    |      |       |
| shale                                 | 366 | 410    |      |       |
| lime                                  | 410 | 423    |      |       |
| shale                                 | 423 | 432    |      |       |
| lime                                  | 432 | 437    |      |       |
| shale                                 | 437 | 443    |      |       |
| sandy shale                           | 443 | 446    |      |       |
| sand                                  | 446 | 459    |      |       |
| shale                                 | 459 | 503    |      |       |

USE ADDITIONAL SHEETS, IF NECESSARY, TO COMPLETE WELL RECORD.

|               |           |
|---------------|-----------|
| Date Received | Signature |
|               | Title     |
|               | Date      |

*[Handwritten Signature]*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 7-21-81

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