

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

Operator: License # N/AName: Lafarge CorporationAddress P.O. Box 479Fredonia,City/State/Zip Kansas 66736

Purchaser: _____

Operator Contact Person: John Lowe / Paul PetersPhone (316) 378-4458Fractor: Name: K-W Oil Well ServiceLicense: 3097

Wellsite Geologist: _____

Designate Type of Completion

XX New Well XX Re-Entry _____ Workover _____XX Oil _____ SWD _____ SLOW _____ Temp. Abd.

_____ Gas _____ ENHR _____ SIGW _____

_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover: _____

Unknown

Operator: _____

Well Name: UnknownComp. Date N/A Old Total Depth 260'XX PLUGGED & ABANDONED

Deepening _____ Re-perf. _____ Conv. to Inj/SWD _____

XX Plug Back 260' PBDT _____

_____ Commingled _____ Docket No. _____

_____ Dual Completion _____ Docket No. _____

_____ Other (SWD or Inj?) _____ Docket No. _____

12-18-95

Spud Date _____

Date Reached TD _____

Completion Date _____

Plugged

API NO. 15- _____

N/A

County WilsonSW-SE-SE-NW Sec. 19 Twp. 25 Rge. 15 X E W2931 Feet from XXX (circle one) Line of Section3080 Feet from XXX (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)Lease Name Lafarge Well # OW#1

Field Name _____

Producing Formation N/A

Elevation: Ground _____ KB _____

Total Depth 260' PBDT _____

Amount of Surface Pipe Set and Cemented at _____ Feet

Multiple Stage Cementing Collar Used? _____ Yes _____ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan P&A 274 12-26-95
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. 2_____ Quarter Sec. _____ Twp. _____ S Rng. 15 E/W

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 Paul PetersTitle Environmental Mgr Date 12/22/95Subscribed and sworn to before me this 22 day of Dec., 1995.Notary Public Betty N. ReedCommission Expires 4-6-99

BETTY N. REED

State Notary Public

State of Kansas

My Appl. Expires 4-6-99

K.C.C. OFFICE USE ONLY

F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received

Distribution

✓ KCC _____ SWD/Rep _____ NGPA
XGS _____ Plug _____ Other (Specify) FS

Operator Name Lafarge Corporation

Lease Name

Lafarge

Well #

OW #1

454542

Sec. 19 Twp. 25 Rge. 15☒ EastCounty Wilson☐ West

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

(Attach Additional Sheets.)

Samples Sent to Geological Survey

☐ Yes ☐ No

Cores Taken

☐ Yes ☐ No

Electric Log Run

☐ Yes ☐ No

(Submit Copy.)

List All E.Logs Run:

☐ Log

Formation (Top), Depth and Datums

☐ Sample

Name

Top

Datum

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

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	260'	Portland	50	

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.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease
 (If vented, submit ACO-18.)

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify) _____