

RECEIVED

FEB - 8 2002

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
September 1999
Form Must Be Typed

Operator: KCC WICHITA 6137
Name: Donald & Jack Ensminger
Address: 1446-3000 St.
City/State/Zip: Moran, Kansas 66755
Purchaser: Crude Marketing
Operator Contact Person: Don Ensminger
Phone: (316) 496-2300 or 496-7181 Cell
Contractor: Name: Company tools
License: 6137
Wellsite Geologist: _____

Designate Type of Completion:

XX New Well _____ Re-Entry _____ Workover
_____ Oil _____ SWD _____ SLOW _____ Temp. Abd.
_____ Gas XXX ENHR _____ SIGW
_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
_____ Deepening _____ Re-perf. _____ Conv. to Enhr./SWD
_____ Plug Back _____ Plug Back Total Depth
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Enhr.?) _____ Docket No. _____

10-10-01 10-12-01 12-3-01
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 001-289350000
County: Allen
NW-NE NE Sec. 12 Twp. 25 S. R. 19 ☐ East XXV West
5210 feet from S / N (circle one) Line of Section
985 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: McFadden Well #: W-16
Field Name: Moran

Producing Formation: Bartlesville

Elevation: Ground: Ground Kelly Bushing: _____

Total Depth: 915 Plug Back Total Depth: _____

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 II completion, cement circulated from 905'

feet depth to Surface w/ 100 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content 25 ppm Fluid volume 325 bbls

Dewatering method used Air dry backfill & level

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

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 of 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: Donald Ensminger
Title: Owner Date: 1-22-02

Subscribed and sworn to before me this 22 day of January

2002
Notary Public: Natalie A Klubeck

Date Commission Expires: 7-15-2004

KCC Office Use ONLY

_____ Letter of Confidentiality Attached
If Denied, Yes ☐ Date: _____
_____ Wireline Log Received
_____ Geologist Report Received
_____ UIC Distribution

NATALIE A. KLUBEK
Notary Public - State of Kansas

Operator Name: Donald & Jack Ensminger Lease Name: McFadden Well #: W-16
 Sec. 12 Twp. 25 S. R. 19 ☒ East ☐ West County: Allen

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

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:

RECEIVED
 FEB - 8 2002

KCC WICHITA

☐ Log Formation (Top), Depth and Datum ☒ Sample

Name	Top	Datum
Surface	0	2
Ls with Sh streaks	2	250
Sh with Ls streaks	250	775
Oil sand	775	782
Sh	782	835
Oil sd	835	858
Sh	858	915 TD

Casing Record <input checked="" 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	# Sacs Used	Type and Percent Additives
Surface	10 1/2"	6 5/8	18	20'	Common	5 Sx	None
Production	5 5/8	2 1/2	6.5	905	common	100 SX	None

Additional Cementing / Squeeze Record				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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
2	849-859	50 gal acid fracked 10 Sx sand, 80 bbl. gelled water	849-859

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
		None				
Date of First, Resumed Production, SWD or Enhr.		Producing Method				
When approved for injection		<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	
					22	

Disposition of Gas

METHOD OF COMPLETION

Production Interval

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

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