

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

COPY

APR NO. 15- 207-25, ~~704~~

County Woodson

NE SW SE 1/4 Sec. 27 Twp. 26 Rge. 14 E
 V

1278 Feet from (S/N) (circle one) Line of Section
1721 Feet from (E/W) (circle one) Line of Section

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

Lease Name Bowers Well # 3

Field Name unknown

Producing Formation None

Elevation: Ground NA KB _____

Total Depth 1300 PSTD _____

Amount of Surface Pipe Set & Cemented at 40 Feet

Multiple Stage Cementing Collar Used? _____ Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 0

feet depth to 40 w/ 10 ex cnt.

Drilling Fluid Management Plan Alr DYA
(Data must be collected from the Reserve Pit)

Chloride content NA ppm Fluid volume 110 bbls

De-watering method used Settling pit

Location of fluid disposal if hauled offsite:
Pit dried up in the summer and was

closed.
Operator Name Apollo Production Inc.

Lease Name Bowers License No. 6788

SE Quarter Sec. 27 Twp. 26 S Rng. 14 EX

County Woodson Docket No. NA

Operator: License # 6788

Name: Apollo Production Inc.

Address RR 1, Box 80.
Toronto, Kansas 66777

City/State/Zip: _____

Purchaser: None

Operator Contact Person: Harry Nordmeyer

Phone (316) 637-2441

Contractor: Name: Apollo Production Inc.

License: 6788

Wellsite Geologist: None

Designate Type of Completion

New Well _____ Re-Entry _____ Workover

Oil _____ SWD _____ SIOG _____ Temp. Abd.

Gas _____ ENHR _____ SIGW

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

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

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

_____ Plug Back _____ PSTD

_____ Commingled _____ Docket No. _____

_____ Dual Completion _____ Docket No. _____

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

4-6-1990 4-21-1990 7-15-1990
Spud Date Date Reached TD Completion Date

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 Harry Nordmeyer

Title President Date 2-10-92

Subscribed and sworn to before me this 10th day of February 19 92.

Notary Public Jamie S Matile JAMIE S. MATILE NOTARY PUBLIC

Date Commission Expires _____ STATE OF KANSAS BY APPT. EXPIRES 11-15-92

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received
Distribution
KCC _____ SWD/Rep _____ NGPA _____
KGS _____ Plug _____ Other _____
(Specify)

Operator Name Apollo Production Inc.

Lease Name Bowers

Well # 3

Sec. 27 Twp. 26 Rge. 14

East

County Woodson

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:
None

Log Formation (Top), Depth and Datum Sample
Name Top Datum

CASING RECORD <input type="checkbox"/> New <input checked="" 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
Surface casing	9 7/8	7 5/8	18	42 Ft.	Portland	10	None
Well came in dry and was plugged 7-17-1990, Copy of driller log was sent with form CP-4.							

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(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: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Inter _____