

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1
September 1999
Form Must Be Typed

**WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # 5488
Name: TWM PRODUCTION COMPANY
Address: 1150 HIGHWAY 39
City/State/Zip: CHANUTE, KANSAS 66720-5215
Purchaser: CRUDE MARKETING INC.
Operator Contact Person: MICHAEL OR CAROL WIMSETT
Phone: (620) 431-4137
Contractor: Name: W & W PRODUCTION COMPANY
License: 5491
Wellsite Geologist: N/A
Designate Type of Completion:
☒ New Well ☐ Re-Entry ☐ Workover
☒ Oil ☐ SWD ☐ SLOW ☐ Temp. Abd.
☐ Gas ☐ 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. _____
1/16/2002 1/21/02 2/20/02
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 001-28948-0000
County: ALLEN
SE NW SE 4 Sec. 22 Twp. 26 S. R. 18 ☒ East ☐ West
1520 feet from S / N (circle one) Line of Section
1650 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: CANNON A Well #: 14
Field Name: HUMBOLDT/CHANUTE
Producing Formation: BARTLESVILLE
Elevation: Ground: N/A Kelly Bushing: N/A
Total Depth: 865 Plug Back Total Depth: N/A
Amount of Surface Pipe Set and Cemented at 20 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set N/A Feet
If Alternate II completion, cement circulated from 753
feet depth to TOP w/ 159 sx cmt.

Drilling Fluid Management Plan

(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.: _____
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: Carol A. Wimsitt
Title: Office Manager Date: 4-18-2002
Subscribed and sworn to before me this 19th day of April,
2002
Notary Public: Debra K. Daniels

Date Commission Expires: _____



KCC Office Use ONLY

☐ Letter of Confidentiality Attached

If Denied, Yes ☐ Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

Operator Name: TWM PRODUCTION COMPANY Lease Name: CANNON A Well #: 14
 Sec. 22 Twp. 26 S. R. 18 ☒ 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:

Log Formation (Top), Depth and Datum 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
SURFACE		6 1/4		20'	PORTLAND	4	N/A
CASING		2-7/8		753	PORTLAND	159	GEL 3 SKS

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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	757 TO 763	FACTURE W/SAND	753

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	<input checked="" type="checkbox"/> No
		2 7/8		753			
Date of First, Resumed Production, SWD or Enhr.		Producing Method					
2/20/02		Flowing <input checked="" 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		
	5				30.1		

Disposition of Gas

METHOD OF COMPLETION

Production Interval

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

☐ Open Hole ☒ Perf.
☐ Other (Specify) _____

Dually Comp.

☐ Commingled _____