

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm ACO-1
September 1999
Form Must Be TypedWELL 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

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:

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.

1/22/03 2/15/03

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 001289850000

County: Allen

W2 E2 SE Sec. 15 Twp. 26 S. R. 18 East West

960 feet from S / N (circle one) Line of Section

1320 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: ROXIE CARSON Well #: 6

Field Name: HUMBOLDT/CHANUTE

Producing Formation: BARTLESVILLE

Elevation: Ground: N/A Kelly Bushing: K/A

Total Depth: 885 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 _____ Feet

If Alternate II completion, cement circulated from 20

feet depth to TOP w/ 7 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. Wimsett
Title: OFFICE MANAGER Date: 7-7-03

Subscribed and sworn to before me this 7th day of July

2003. Notary Public: Christine Day

Date Commission Expires: 7-25-04

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: ROXIE CARSON

Well #: 6

Sec. 15 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E. Logs Run:				

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	# Sacs Used	Type and Percent Additives
SURFACE PIPE		7"		20	PORTLAND	7	N/A
CASING		2-7/8"		880	PORTLAND	125	N/A

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: ____ Perforate ____ Protect Casing ____ Plug Back TD ____ Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives		

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
	2 7/8					

Date of First, Resumed Production, SWD or Enhr.	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) _____