

17-265-22E

COPY

SIDE ONE

FORM MUST BE TYPED

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

Operator: License # 31028

Name: INTEGRATED PETROLEUM

Address: 1801 BROADWAY, SUITE 320

City/State/Zip DENVER, COLORADO 80202

Purchaser: CRUDE MARKETING

Operator Contract Person: JEFF GALEMORE

Phone: ( 316 ) 939-4400

Contractor: Name: KELLY DOWN DRILLING CO.

License: 05601

Wellsite Geologist: JEFF GALEMORE

Designate Type of Completion:  
XXXXX New Well \_\_\_\_\_ Re-Entry \_\_\_\_\_ Workover  
XXXX 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: \_\_\_\_\_

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

\_\_\_\_\_ Deepening \_\_\_\_\_ Re-perf. \_\_\_\_\_ Conv. to Inj/SWD

\_\_\_\_\_ Plug Back \_\_\_\_\_ PBD

\_\_\_\_\_ Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_

\_\_\_\_\_ Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_

\_\_\_\_\_ Other (SWD or inj?) \_\_\_\_\_ Docket No. \_\_\_\_\_

10 DEC 93 13 DEC 93 12 JAN 94  
Spud Date Date Reached TD Completion Date

API NO. 15 - 011-22817

County BOURBON

NW - SW - NW - SW Sec. 17 Twp. 26 S Rge. 22 EE E W

1920 Feet from S/W (circle one) Line of Section

5115 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 DELANGE Well # 17-40

Field Name SAVONBERG

Producing Formation CATTLEMAN

Elevation: Ground NA KB NA

Total Depth 620 FT. PBD \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used? \_\_\_\_\_ Yes XXXXX No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from TD

feet depth to SURFACE w/ 97 ex. cmt.

ALT II 4-4-96 JK

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 Rng. \_\_\_\_\_ E/W

County \_\_\_\_\_ Docket No. \_\_\_\_\_

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 Lana A. Wini

Title PRESIDENT Date 13 MARCH 95

Subscribed and sworn to before me this 13<sup>th</sup> day of MARCH

19 95

by Public Julia R. Walker

Date Commission Expires 10-22-97

K.C.C. OFFICE USE ONLY	
F _____	Letter of Confidentiality Attached
C <input checked="" type="checkbox"/>	Wireline Log Received
C _____	Geologist Report Received
Distribution	
<input checked="" type="checkbox"/> KCC	_____ SWD/Rep
_____ KGS	_____ Plug
_____ NGPA	<input checked="" type="checkbox"/> Other
(Specify)	

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Operator Name INTEGRATED PETROLEUM

Lease Name DELANGE Well # 17-40

East

County BOURBON

**COPY**

Sec. 17 Twp. 26S Rge. 22  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 close, 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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	CATTLEMAN	548	NA
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
List All E. Logs Run:	GAMMA RAY, NEUTRON				

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	7 5/8"	7"	NA	20 FT.	FROM SURFACE (CEMENT TO SURF.)		
RODUCTION	5 5/8"	2 7/8"	10 RA	620 FT.	PORTLAND-A	97	60/40 POZ

ADDITIONAL CEMENTING/SQUEEZE RECORD

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

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	Depth
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	
38 TOTAL SHOTS	550 FT. TO 568 FT.	GEL WTR FRAC, 100 GAL, 15% HCL 10 SKS 70 TOTAL BLS	550

TUBING RECORD	Size	Set At	Packer At	Liner Run
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. <u>30 JAN 94</u>	Producing Method	<input type="checkbox"/> Flowing	<input checked="" type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	.3 BOPD	NONE	NONE		

METHOD OF COMPLETION

Disposition of Gas:

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

Open Hole  Perf.  Dually Comp.  Commingled  
 Other (Specify) \_\_\_\_\_

Production Interval

550 FT. TO  
568 FT.