

# COPY

## 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

# COPY

Operator: License # 30489  
Name: T-J Resources, Inc.  
Address: P.O. Box 1330  
City/State/Zip: Lawrence, KS 66044  
Purchaser: N/A  
Operator Contact Person: Jerry L. Donnelly  
Phone: ( 785 ) 760-4022  
Contractor: Name: C & G Drilling  
License: 30271  
Wellsite Geologist: William Jackson

RECEIVED

JUL 31 2003

KCC WICHITA

Designate Type of Completion:  
☒ New Well ☐ Re-Entry ☐ Workover  
☐ Oil ☐ SWD ☐ SIOW ☐ 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. \_\_\_\_\_

|                                   |                 |                                         |
|-----------------------------------|-----------------|-----------------------------------------|
| <u>12-23-00</u>                   | <u>01-02-01</u> | <u>01-02-01</u>                         |
| Spud Date or<br>Recompletion Date | Date Reached TD | Completion Date or<br>Recompletion Date |

API No. 15 - 015235870000  
County: Butler  
NE - SW - SE - Sec. 34 Twp. 26 S. R. 7 ☒ East ☐ West  
990 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: Walnut Ranch Well #: 1A

Field Name: Wildcat

Producing Formation: None

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: 1418

Total Depth: 2702 Plug Back Total Depth: N/A

Amount of Surface Pipe Set and Cemented at 220 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set N/A Feet

If Alternate II completion, cement circulated from N/A

feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

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

Chloride content 1000 ppm Fluid volume 300 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite:

Operator Name: N/A

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 Ann Lemon  
Title: Secretary Date: 07-29-03

Subscribed and sworn to before me this 29 day of July

20 03  
Notary Public: Janet K Runkle  
My Appt. Expires 10-11-05

Date Commission Expires: 10-11-05

#### KCC Office Use ONLY

N Letter of Confidentiality Attached

If Denied, Yes ☐ Date: \_\_\_\_\_

N Wireline Log Received

☒ Geologist Report Received

☐ UIC Distribution

Operator Name: **T-J Resources, Inc.** Lease Name: **Walnut Ranch** Well #: **1A**  
 Sec. **34** Twp. **27** S. R. **7** ☒ East ☐ West County: **Butler**

**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**  
**JUL 31 2003**  
**KCC WICHITA**

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

| Name             | Top  | Datum |
|------------------|------|-------|
| Kansas City      | 1996 | -578  |
| Base Kansas City | 2160 | -742  |
| Cherokee         | 2420 | -1002 |
| Ardmore          | 2504 | -1086 |
| Bartlesville     | 2602 | -1184 |

| CASING RECORD <input 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 Pipe                                                              | 10 3/4            | 8 5/8                     | 22                | 220           | Common         | 125         | None                       |
|                                                                           |                   |                           |                   |               |                |             |                            |
|                                                                           |                   |                           |                   |               |                |             |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD                                                                                                                            |                  |                |             |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|-------------|----------------------------|
| Purpose:                                                                                                                                                         | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone | N/A              |                |             |                            |
|                                                                                                                                                                  |                  |                |             |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|----------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------|
| N/A            |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |

| TUBING RECORD                                   |           | Size                                                                                                                                         | Set At      | Packer At     | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|--------------------------------------------------------------------|
| N/A                                             |           |                                                                                                                                              |             |               |                                                                    |
| Date of First, Resumed Production, SWD or Enhr. |           | Producing Method                                                                                                                             |             |               |                                                                    |
| N/A                                             |           | <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                                                            |
|                                                 | N/A       |                                                                                                                                              |             |               |                                                                    |

Disposition of Gas **METHOD OF COMPLETION** Production Interval

☐ Vented ☐ Sold ☐ Used on Lease ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled  
 (If vented, Submit ACO-18.) ☐ Other (Specify)