

10-26-8E

COPY

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

Operator: License # 6478Name: K.E. Snyder Co.Address Box 107City/State/Zip Hamilton, Ks 66853

Purchaser: _____

Operator Contact Person: K.E. SnyderPhone (316) 678-3613

Contractor: Name: _____

License: _____

Wellsite Geologist: None

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:

Operator: Teichgraeber Oil, Inc.Well Name: Fankhauser #2Comp. Date 1/80 Old Total Depth 2545'

☒ PLUGGED & ABANDONED
____ Deepening ____ Re-perf. ____ Conv. to Inj/SWD
____ Plug Back ____ PBTD
____ Commingled ____ Docket No. DEC 8 1995
____ Dual Completion ____ Docket No. _____
____ Other (SWD or Inj?) Docket No. _____

12-14-9512-14-95

12-14-95 Date of REENTRY Date Reached TD Completion Date

API NO. 15- 073-21,807-0001County GreenwoodNW NE ~~SW~~ SW Sec. 10 Twp. 26 Rge. 8 ☒ E W50 Feet from SN (circle one) Line of Section800 Feet from EN (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)Lease Name Fankhauser Well # 2Field Name SallyardsProducing Formation Mississippi

Elevation: Ground _____ KB _____

Total Depth 2525 PBTD _____

Amount of Surface Pipe Set and Cemented at _____ Feet

Multiple Stage Cementing Collar Used? ____ Yes ____ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan P&A 02 1-3-96
(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 AN 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, 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 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 K.E. SnyderTitle Owner Date 12/20/95Subscribed and sworn to before me this 20th day of December, 19 95.Notary Public Joni Booth

Date Commission Expires _____



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) <u>FS</u>

Operator Name K.E. Snyder Co.Lease Name FankhauserWell # 2Sec. 10 Twp. 26 Rge. 8☒ EastCounty Greenwood☐ 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
(Attach Additional Sheets.)☐ Yes ☒ No

Samples Sent to Geological Survey

☐ Yes ☒ No

Cores Taken

☐ Yes ☒ NoElectric Log Run
(Submit Copy.)☐ Yes ☒ No

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 pipe		7"					
Production		4½"	9.5#	2524			

ADDITIONAL CEMENTING/SQUEEZE RECORD

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

TUBING RECORD		Size	Set At	Packer At	Liner Run		☐ Yes	☐ No
Date of First, Resumed Production, SMD or Inj.			Producing Method					
PAA			☐ Flowing					
			☐ Pumping					
			☐ Gas Lift					
			☐ 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) _____