

15-26-8E

COPY

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

Operator: License # 6478  
Name: K.E. Snyder Co.  
Address Box 107  
  
City/State/Zip Hamilton, Ks 66853  
Purchaser: \_\_\_\_\_  
Operator Contact Person: \_\_\_\_\_  
Phone (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: Eureka Drilling Company  
Well Name: Lose #4  
Comp. Date 1/67 Old Total Depth 2541'  
 PLUGGED & ABANDONED  
\_\_\_\_ Deepening \_\_\_\_ Re-perf. \_\_\_\_ Conv. to Inj/SWD  
\_\_\_\_ Plug Back \_\_\_\_ PBSD  
\_\_\_\_ Commingled \_\_\_\_ Docket No. \_\_\_\_  
\_\_\_\_ Dual Completion \_\_\_\_ Docket No. \_\_\_\_  
\_\_\_\_ Other (SWD or Inj?) \_\_\_\_ Docket No. \_\_\_\_  
12-16-95 Date of REENTRY Date Reached TD 12-16-95 Completion Date

API No. 15- 073-20,004-0002  
County Greenwood  
NW - NE - SW - NW Sec. 15 Twp. 26 Rge. 8  
990 Feet from S (circle one) Line of Section  
800 Feet from E (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
NE, SE, (circle one) or SW (circle one)  
Lease Name Fankhauser Well # 1  
Field Name \_\_\_\_\_  
Producing Formation Mississippi  
Elevation: Ground \_\_\_\_\_ KB \_\_\_\_\_  
Total Depth 2541' PBSD \_\_\_\_\_  
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 99 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 \_\_\_\_\_ License No. \_\_\_\_\_  
Quarter Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W  
County DECO 2 8 1995 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 J.E. Snyder  
Title Owner Date 12/20/95  
Subscribed and sworn to before me this 20th day of December, 1995.  
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) JS

JONI BOOTH  
State of Kansas  
My Appt. Exp. 7-3-97

Operator Name K. E. Snyder Co. Lease Name Fankhauser Well # 4

Sec. 15 Twp. 26 Rge. 8  East  West  
 County Greenwood

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  No

Electric Log Run (Submit Copy.)  Yes  No

List All E.Logs Run:

Log Formation (Top), Depth and Datum  Sample

Name Top Datum

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	# Sacks Used	Type and Percent Additives
Surface		7"					
Production		4 1/2"	9.5#	2580			

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

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

Date of First, Resumed Production, SMD or Inj.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
<u>P&amp;A</u>					
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  Open Hole  Perf.  Dually Comp.  Commingled

(If vented, submit ACO-18.)  Other (Specify) \_\_\_\_\_